| X W | de de | item of infor- | should state | of OCCUPA- | 1 |
|-----|----------------------------|--|--|---|--------------------------------------|
| | • | RECORD. Every | PHYSICIANS | Exact statement | |
| | OR BINDING | S A PERMANENT | ated EXACTLY. | operly classified. E | rtificate. |
| , | ARGIN RESERVED FOR BINDING | NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | plied. AGE should be stated EXACTLY. PHYSICIANS should state | erms, so that it may be properly classified. Exact statement of OCCUPA- | instructions on back of certificate. |

V. S. No. 1

| te te | STATE OF MARYLAND— | CERTIFICATE OF DEATH U4503 |
|--|---|---|
| infor- state UPA- | 1. PLACE OF DEATH | (159) |
| ould OCC | County - reducing | Registration Dist. No. 132 |
| should of OCC | Village or City III iddletour | No. St., Ward |
| - m | Length of residence in city or town where death occurredyrs. / | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? |
| RD. Every | 2. FULL NAME on lant adhers | 1 |
| | (a) Residence: No. | St., Ward, |
| - | (Usual place of abode) | If nonresident give city or town and State |
| RECO. PH Exact | 3. SEX / 4. COLOR ON RACE / 5. SINGLE, MARRIED, WIDOWED. | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| H A | 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (2010) the word) | (Manth) 27 , 193,3/ |
| ACTI ssifted. | 5a. If merried, widowed, or divorced HUSBAND of | (Tall) |
| AA Cassi | (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended decessed from |
| EX Cla | 6. DATE OF BIRTH (month, dev. end veer) Caril 27, 1931 | t last saw h elive on Africa 27, 19 deeth is said |
| A - = | 7. AGE Yeers Months Days II LESS then | to have occurred on the date stated goove, et |
| IS A l stated proper ertifica | 1 day, 2hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: Oate of onset |
| he s be p | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | A |
| | | 1 Emales |
| NK-T should it may n back | 9. Industry or business in which work wes done, es SILK MILL, SAW MILE, BANK, etc. | loss TV2 |
| F1 61 | 1D. Date deceased last worked at this occupation (month and spent in this | |
| AGE I that | year) Decupation | Other Coutributory Causes of Importance: |
| DID So ucti | 12. BIRTHPLACE (city or town) 11 Coccurrence (State or country) | |
| UNFADING upplied. AGI terms, so that instructions | H 13. NAME Lug adkins | |
| H UNFA supplied in terms, See instru | 14. BIRTHPLACE (city or own) | Name ol operation |
| E E | 1 (close of country) | What test confirmed diagnosis? Wes there en eulopsy? |
| Y, WITJ carefully H in pla ortant. | 15. MAIDEN NAME Oliven 13 aher | 23. If death was due to external couses (VIOL ENCE) fill in elso the following: |
| INLY, William careful EATH in important. | [5] 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| INI be EA7 | (State or country), //aug/farra | Where did Injury occur? (Specify city or town, county and State) |
| PLAIT hould b | 17. INFORMANT GLOGATION MA. | Specily whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| a sh | 18. BURIAL, CREMATION, DR RELIEVAL | Manner of injury |
| mation CAUSE TION is | Plece III County W. Date 441 7 1 19-31 | Nature of injury |
| mation CAUSI TION | 19. UNDERTAKER (Address) M. Law Journ Ma. | 24. Wes disease or injury in eny wey related to occupation of deceased? |
| N. | 20. FILED JA 28, 1981 J. Tray ma Jauner Registrar. | (Signed) M. (Address) |
|) | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples

| Example I | | Example II | 1 |
|---|--------------------|--|---------------|
| The principal cause of death and related car of importance were as follows: | uses Date of onset | The principal cause of death and related causes of importance were as follows: | Date of caset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | , 300 Ca 92 . | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

* more blanks are needed, address State Registrar, 16 W. Saratoga St., Ryto., Requesting

V. S

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

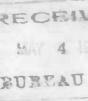
(Approved by U. S. Census and American Public Health Association.)

or given up on account of the disease causing death Housemuid, etc. If the occupation has been changed whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewolfe, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Plunter, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

spinal memingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia") ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the pis

> ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia." Nomenclature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemla," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Caroinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; "Anaemia" "Соша," "Соп-(merely (second-

the chaincate is permanently filed. tions the wared in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques



| | nfor- state | | 5 | STATE (| OF MA | RYL | AND- | CERTIFICATE | OF DE | ATH | 1570 |
|--------|---|--------|---|-------------------------------|-------------------------|---|-----------------------|--|--|--|----------------|
| | | 1 | . PLACE OF DE | ATH | | | | OI PUT AND MICHES 94-0 | | 0.1 | |
| 1 | ould occ | | County Fred | erick | | WI | thin this | | Registration | gn Dist. No. / 2/ | |
|) | item of should of OCC | | Village or City_F | rederick | | | (If | No. 12 Tous death occurred in a hospital or in | stitution, sive its NA | ME instead of street and | Wai |
| | CORD. Every i | | Length of residence in | city or town where | e death occurred. | у | | ds. How long in U.S. | | | |
| | Ew CIL | 2 | . FULL NAME. | | | ck | | | | | |
| | D. SI | | (a) Residence: No. | 12 Wisn | er St. | | | St., Ward. | The state of the s | | |
| | RECORD. PHYSI Exact stat | | PERCONALA | ND CTATIC | | lace of abo | | MEDICAL | | ent give city or town as | nd State |
| | RECO PH Exact | 9 6 | PERSONAL A | | | | | | | TE OF DEATH | |
| | T | | | ite | 5. SINGLE, I OR DIVO | RCED (ww | rite the word) | 21. DATE OF DEAT | Uffe | 18 (Day) | , 193 J |
| 2 | (E) | 5a. | If married, widowed, or di HUSBAND of | vorced | | | | | | | (1041) |
| , C | XMANEN XACTI classified. | | (or) WIFE of N | athan C. | Barrick | | | 22. I HERE | ,19 7-9, to_ | That I attande | d deceased fro |
| | preset a li | 6. I | DATE OF BIRTH (month, | day, and year) A | April 17 | 185 | 33 | I last saw h aliva on | april | 5 ,19 3 | 1; death is sa |
| _ | IS A PE stated E properly certificate | 7. / | AGE Years | Months | Days | | If LESS than | to have occurred on the date s | tated allove, at | Am. | / |
| 5 | IS A I stated properlertifica | | 78 | 0 | 1 | | lay,hrs. | The PRINCIPAL CAUSE OF D | EATH and related c | auses of importance | |
| - | 7.0 | 25 | 8. Trade, profassion, or | particular | | | | I tad had | celloc | eca of | Date of ons |
| ÷ | H & B & | 9 | kind of work don SAWYER, BOOKK | e, as Spinner, EEPER, etc. | At Hom | e | | accine | a Rec | eto nem | |
| > | ould may back | PA | 9. Industry or business work was done, a | s SILK MILL. | | | | was House | -eldea | Dielegal | |
| 7 | K = 1 | 5 | SAW MILL, BANK | , etc | 11. 7- | 4-1 Ai (| | Afres diral | ale de | ied of | |
| D I | VGE strat it that it ons on | 0 | 10. Date daceased last w this occupation (n year) | nonth and | | tal time (y spant in t occupation | his | Vacagin | a pe | charie | 1 |
| 4 | NG NG St th | 12 | BIRTHPLACE (city or tow | - Ma | 1 | | | Other Contributory Causes of i | mportan(e: | | 1 |
| = | d. A | 12. | (State or country) | n)NU_ | 4.0 | | | | | | |
| 5 | UNFADING supplied. AGI n terms, so tha ee instructions | ER | 13. NAME Dav | id Ramsbu | urg | | 241.1.23 | *************************************** | | | |
| NA | D = 4 | FATHER | 14. BIRTHPLACE (city or | town) | Md. | | | Name of operation | | Date of | |
| | E - 00 | L | (State or country) | | | | | What test confirmed diagnosis | | Was thera ar | autopsy?_Z |
| | r, WITH carefully the in plain ortant. S | IER | 15. MAIDEN NAME Ca | therine G | eesy | | | 23. If death was due to external | causes (VIOL ENCE |) fill in also the followi | ng: |
| | INLY, WI be careful EATH in p important. | MOTHER | 16. BIRTHPLACE (city or | town) | Md. | | | Accident, suicide, or homicide? | | Data of Injury | 19 |
| | LY, e cal ATH iport | Σ | (State or country | | | | | Where did injury occur? | | | |
| | Id be DEA' | 17 | INFORMANT Mrs R | oss Homri | ick | | | Specify whether injury occurre | (Specify city d in INDUSTRY, In | or town, county and SI HOME, or In PUBLIC F | ate) PLACE. |
| | E PLAINLY should be ca OF DEATH | | (Address) West | | | | | | | | |
| | 1 4 O | 18. | BURIAL, CREMATION, OR | | | | 01 51 | Manner of injury | | | |
| 6 | SE | | Place Mt. Oli | vet, Fred | IK Date A | pril | 21, 19 31 | Nature of injury | | | |
| P | WRITE mation sl | 19. | UNDERTAKER M. R. (Address) | Etchison | n-& Son | modle | Md. | 24. Was disease or injury in an | y way related to occ | cupation of deceased? | No |
| - 7 | e e | | A | 1 010 | 16 | 1 OUK | 2784.0 | If so, specify | 1.1- | -0 | <u></u> |
| | ż | 20. | FILED 20 Open | 1921 100 | y M | Ca | Registrar | (Signed) | 7 | i'a | COLUMN M |
| -) | | | | If mo | blanks are need | led address | | (Address) | Proventing 71 C | No. | MIL |
| - 6 | | | | +, 11100 | | · · · · · · · · · · · · · · · · · · | CHARGE BY MESSEL COLL | MALA AT. (DOISES DEFECT, DOLLITTOTE, | ALCOMERING U. J. J | TVU. A. 0 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Ex | ample I | | Example II | | |
|---|-----------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows: | th and related causes | Date of poset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | MAY 7 193 | 1915 | Attack of emlepsy | 1 week ago | |
| Chronic interstitial nephritis | 1 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAUV | July 3,1927 | Peritonitis | 3 days ago | |
| | | | * | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPACE FOR FU | THER STATEMENTS | BY | PHYSICIAN |
|-------------------------|-----------------|----|-----------|
|-------------------------|-----------------|----|-----------|

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, I properly classified of certificate. Registration Dist. No. (If death occurred inWard) a hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. COLOR OR RACE 16 DATE OF DEATH 3 5EX MARRIED. eq may be n back WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH that 121 struction Month) (Day) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: supplied ormin.? RESERVED BOCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in (Duration) mporta which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) DO 10 NAME OF shoul E OF 4 231923/ (Address) 11 BIRTHPLACE RENTS *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER CAUS (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER inform tate CU2/ ients or Recent Residents) etat 13 BIRTHPLACE In the At place of death ____yrs._____ds. OF MOTHER State......ds. (State or Country) should ent of OC Where was disease contracted, if not at place of dea.h?..... THE BEST OF Every item CIANS sho statement Former or usual residence (Informant OF BURIAL OR REMOVAL DATE OF BURIA 19 PL ADDRESS If more blanks are needed, addres State Registrar, 16 W. Saratoga St., Balto, Nequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

·Housemaid, etc. If the occupation has been changed tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Gook definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (% to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation (b) Automobile factory. The material (6) Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

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| Œ | xample I | | Example H | | |
|---|-----------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows: | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | MAY 8 1931 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BURBAU V. | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | the state of the s | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| COMPANY | EXACTLY, PHYSI- iy classified. Exact floate. | PLACE OF DEATH Hage County Blue mountain Inty Frederick Co. Village or Eitz 2FULL NAME Minnel Ellen | Start of Maryland CERTIFICATE OF DEATH Registration Dist. No. / // Start Ward) Start Ward) Cart ward of institution, give its NAME in stead of street and number.) |
|--|---|---|--|
| | ated E | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARGIN RESERVED FOR BINDING WRITE PLANT INFADING INKTHIS IS A PERMA NT | n of information should be carefully supplied. ACE should be strought state CAUSE OF DEATH in plain terms so that it may be prit of OCCUPATION is very important. See instructions on back of | PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH TO BY (Yesr) 7 AGE 16 LESS than I day hrs. or min.? 6 DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Frederick Co. Md. 10 NAME OF FATHER (State or country) Maryland 11 BIRTHPLACE (State or country) Maryland 12 MAIDEN NAME POOF MOTHER (State or Country) 12 MAIDEN NAME POOF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) R. M. Jawa M. Jawa M. 15 Filed Mail 1931 Amag M. Jawa | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to Market 1, 192 to Market 1, 192 that I last saw h la alive on the date stated above, at last and that death occurred |
| 8.6 | Z. | If more blanks are needed, address State Registrar | r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation Locomotive engineer, Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospival meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Transition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook to report specifically the occ. pations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; at !!tional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locumotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health stars occupation at beginning of illness. If retired from or given up on account of the disease causing death, er," etc., worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day of persons en-The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"):

conditions, such as "Asthenia," "Anaemia" stated unless important. Example: Mensies inges, peritonaeum, etc., head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain—accident; Revolver wound of head—homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 da.; Bronchopneumonia Chronic interstitial asphritis, etc. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Potsoned by curbolic acid-probably suicide. The na-"PUERPERAL sopticuemia," "PUERPERAL pertionitis," etc. vulsions," (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Examples: Accidental drouning; "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; For VIOLENT DEATHS State MEANS OF INJUST "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of Struck by railway Aiways qualify all The contributory "Coma," "Haemor-Measles; (merely (second-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed

| PLACE_OF DEATH | 1045 00 STATE OF MARY AND |
|---|--|
| County Frederick | STATE OF MARYLAND CERTIFICATE OF DEATH |
| en a | Registration Dist. No. /2/= |
| Village or City Her Frederick No. R. 2FULL NAME Daisy Che. | St.: Ward) (If death occurred is a hospit of or institution, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. *WIDOWED. OR DIVORCED | 16 DATE OF DEATH 4-1.3-, 1931 |
| 6 DATE OF BIRTH (Write the word) (Write the word) (Write the word) (Write the word) (Year) | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the state of the |
| yrs. 5 mos. 2 ds. or min.? | and that death occurred on the date stated above, at |
| OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Gastro-enterities burger. (Duration) yrs. mos. d. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Marshall Chase | Contributory Secondary (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLEYAbeth Hackey | *State the Disease Causing Death, or, in deaths from Violent Causes; state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or country) | At place of death yrs mos, ds. State yrs description ds. State yrs description |
| (Informant) Marshall Chare. | Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Vear Frederick | afenge Clu 14 afred. 19 2 20 UN DERTAHER DE ADDRESS |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physicion, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocguged in domestic service for wages, as Screant, Cooks ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Luborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmen (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetants) may be stated under the head of "contributory." stated unless important. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need Chronic valvulor heort discose; Example: Measles (disease etc. The contributory Nomenclature of the

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| infor- state UPA- | STATE OF MARYL | _AND— | CERTIFICATE OF DEATH 04 | 576 |
|--|--|-----------------------|--|-----------------|
| / | County Frederick | | Registration Dist. No. 15 | 4 |
| should of OCC | Village or City Provilers | | No. St. | Word |
| | | | death occurred in a hospital or institution, give its NAME instead of street and n | |
| Every CIANS ement | Length of residence in city or town where death occurred | yrsmos. | ds. How long in U.S. if of foreign birth?yrsmo | sds. |
| RD. Every YSICIANS | 2. FULL NAME Evelyn Srew | i ele | alrangly | |
| CORD. Every PHYSICIAN ict statemen | (a) Residence: No. (Usual place of all | hode) | St., Ward. | State |
| CORD PHYS act sta | PERSONAL AND STATISTICAL PARTICU | | MEDICAL CERTIFICATE OF DEATH | Divid |
| T. PH. Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (72) | | 21. DATE OF DEATH Gyr. 27 | 193 |
| ING NEN CTL iffed. | 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | 1 | (Oay) | (Year) |
| | (or) WIFE of | | 22. HEREBY CERTIFY, That I attended of the state of the | |
| H | 6. DATE OF BIRTH (month, day, and year) Obr. 2, 19 | 31 | 1 | ; death is said |
| | 7. AGE Years Months Days | If LESS than | to have occurred on the dete stated above, at 10 Q,m. | , death is said |
| FOR IS A I stated properly ertifica | | dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: | |
| - 70 | 8. Trade, profession, or particular kind of work done, as SPINNER, | | 0 | Oate of onset |
| ED HIS | SAWYER, BOOKKEEPER, etc | | Krematurly! | 42/31 |
| RESERVED G INK—THIS GG Should be that it may be ons on back of | work was done, as SILK MILL, SAW MILL, BANK, etc | | 57 | |
| INK INK sh | D. Date deceased lest worked at this occupation (month and spantin | (yeers) | James Jyrun | 72/3 |
| RES I | year) occupation | on | Other Contributory Causes of Importance: | |
| 2 4 | 12. BIRTHPLACE (city or town) | | one desired in importance. | |
| MARGIN I UNFADI. supplied. n terms, so | (State or country) mangles | 7, | | ******** |
| | I 13. NAME GLORGE Ruse Cheling | X _ | | |
| T - W | 14. BIRTHPLACE (ctt) or town) (State or country) | | Neme of operation Date of | |
| | # 15. MAIDEN NAME Viole Leura Shr | 40.1.00 | What test confirmed diagnosis? Wes there en all 23. If death was due to externat causes (VIOLENCE) fill in also the following | |
| Y, W carefu H in | 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? | |
| OF SE | (State or country) Mayland | | Where did injury occur? | |
| S PLAINLY, WY Should be carefu OF DEATH in 15 very important. | 17. INFORMANT Jeo. A. Clefton (Address) | 1 min | (Specify city or town, county and State Specify whether tnjury occurred in INOUSTRY, In HOME, or in PUBLIC PLA | CE. |
| 27 70 | 18. BURIAL, CREMATION, OR REMOVAL | 50 4 | Manner of Injury | |
| WRITE ation sl AUSE (| Plece Rocky Rieg Will Date a for. | 28,193/ | Neture of injury | |
| WRITE mation s CAUSE TION is | 19. UNDERTAKER CAddress) And to built | Rud | 24. Wes disease or Injury in any way related to occupation of deceased? | |
| (STA) | 20. FILE Glail 27, 19.31 Mi Figer | Registrar. | (Signed) Malayda Deller (Address) Delay Mid | M. D |
| | If more blanks are needed, addre. | ss State Registrar, 2 | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1 | Example-I | P.1000 | Example II | * |
|--|------------------------|---------------|--|---------------|
| The principal cause of de of importance were as follows: | ath and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | MAY & 1931 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 11111 1 1011 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD BINDING PERMA 1 FOR S ---THIS RESERVED TH UNFADING INK-MARGIN PLA WRITE V. S. No.

m

| | PLACE OF DEATH . | STATE OF MARYLAND |
|-----|--|---|
| | County Frederick | CERTIFICATE OF DEATH |
| | 1 | Registration Dist. No. 144 |
| | Village or City Thursmont (No. | St.: Ward) (If death occurred in a hospital er institu- tion, give its NAME In- stend of street and |
| | 2FULL NAME JACOB PLLIVY | number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH CAPTURE 3 0 , 193 / (Year) |
| | 6 DATE OF BIRTH | HEREBY CERTIFY, That I attended the deceased from |
| | Morth) (Day) (Year) | that I last saw h All alive on a find 8.0 1923/ |
| | 7 AGE III LESS than | and that death occurred on the date stated above, at |
| | | The CAUSE OF DEATH * was as follows: |
| N | 88 yrs. 5 mos. 23 ds. or min.? | |
| | (a) Trade, profession or | Tox haution Tollowing |
| 1 | particular kind of work Of P. U. Maller | La Frippe |
| r | (b) General nature of industry business, or establishment in | (Duration) yrs mos ds |
| | which employed or (employer) | Contributory Devilates |
| | 9 BIRTHPLACE (State or country) | Secondary |
| | I 10 NAME OF | (Duration) yrs. mos ds |
| | FATHER Unknown | (Signed) M. D. |
| 2 | M 11 BIRTHPLACE OF FATHER | (St to the Discose Causing Death on in deaths from |
| | Z (State or country) | JState the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| - | T 12 MAIDEN NAME OF MOTHER UNKNOWN | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE | ients or Recent Residents) |
| | OF MOTHER | At place In the of deathyrsmosds. Stateyrsmosds. |
| 4 | (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| - | THE ABOVE IS TRUE TO THE SEST OF MILE | Former or usual residence |
| D | (Informant) Mrs Emory Wirdy July | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 0 | (Address) Thursmensh 211 d | 174 ind man 3 1951 |
| 010 | man and mill | 20 UNDERTAKER ADDRESS |
| | Filed May 3 1931 anna M. Jones Registras | Willfirds & Creeger Thurmont mig |
| | If more branks are needed, address State Registrar, | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. worked on may form part of the second statement. Never return" Labore", ""Foreman," "Manager." "Deal-Spinner, should be used only when needed. As e amples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g.. Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEADY Housemoid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, whatever, write None. narer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on yis). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery; mum, (b) Automobile factory. The material Compositor, who are engaged in the duties of the Stationary freman, etc. But in many Architect, Locomotive not gainfully empersons en-The quesengincer,

Statement of Cause of Death—Name, first, the bischease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is looked over thoroughly and all questions answered in dotail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed. "PULRPERAL septicacmia," "TUERPERAL peritonitis, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. (secondary use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," Whooping cough; (name origin; "Cancer" is less definite; avoid (grand) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved curpolic acid-probably suicide. The nature of the injury, American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, by Committee on " "Marasmus, " "Old Age, or intercurrent) affection need not be Chronic Example: Measles (disease etc. valvular heart Nomenclature The contributory Sarcoma, etc., of " "Shock," Mousles,

| PA. | STATE OF MARYLAND— | CERTIFICATE OF DEATH 04578 | | | | | |
|-------------------------------|---|--|--|--|--|--|--|
| ICIANS should stement of OCCU | County Frederick | Registration Dist. No. / 8/= | | | | | |
| | Villagerar City Fracederick | No. 224 E. Third St. 4 Wa | | | | | |
| | (If | (If death occurred in a hospital or institution, give its NAME instead of street and number) | | | | | |
| | Length of residence in city or town where death occurred 3 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds | | | | | | |
| | 2. FULL NAME Samuel Convad Co (a) Residence: No. 224 G. Third | St., 4 Ward. | | | | | |
| st | (d) Residence, No. (Usual place of abode) | If nonresident give city or town and State | | | | | |
| tact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | | |
| - E | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Moale White Widowed | 21. DATE OF DEATH Africe 13 193/ (Year) | | | | | |
| assifie | 5a. If married, widowed, or divorced HUSBAND of Cleanthe Grove | 22. I HEREBY CERTIFY. That I attended deceased for the state of the st | | | | | |
| e. | 6. DATE OF BIRTH (month, day, end year) Sefr. 15 1840 | I last saw h alive on, 19; death is s | | | | | |
| operly tificat | 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date stated above, at 8 40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | | | | | |
| be pr | 8. Trade, profession, or particular Framer, Seyton. SAWYER, BOOKKEEPER, etc. | acute cardine dilatation | | | | | |
| may | 9. Industry or business in which work was done, es SILK MULL Framms. Columbia SAW MILL, BANK, etc. Voemetry, Bank. | | | | | | |
| hat it | 10. Date deceased last worked at 6.5 this occupation (month end 1924 spent in this occupation 10 | Other Coutributory Causes of importance: | | | | | |
| so the | 12. BIRTHPLACE (city or town) - County, Frederick | Other Contributory Causes of Importance. | | | | | |
| ms, stru | (State or country) Maryland | Cerebral lewerhaft | | | | | |
| ter: | | Name of operation | | | | | |
| ain | (State or country) Maryland | What test confirmed diagnosis? Was there en autopsy? | | | | | |
| n pl | 15. MAIDEN NAME Elizabeth Toeach. | 23. If death was due to external causes (VIOLENCE) fill in elso the following: | | | | | |
| H i | 0 16. BIRTHPLACE (city or town) County, Frederic | Accident, suicide, or homicide? Date of injury, 19 | | | | | |
| TA2 mpd | and a second of | Where did injury occur? (Specify city or town, county and State) | | | | | |
| F DE ery ii | 17. INFORMANT Mars. Lattie Corone (Address) 224 G. Third St. Firederick | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | | | | | |
| AUSE O | 18. BURIAL, CREMATION, OR REMOVAL 5. 60 Place Middle town Date Afro 16, 1931 | Manner of injury | | | | | |
| CAUS | 19. UNDERTAKER Thomas J. Rice (Address) Frederick 1 | 24. Wes disease or Injury in any well related to occupation of deceased? | | | | | |
| | 20. FILEOLD afuel, 13/ Doa / mcaudy: | (Signed) In J. Frankfirld N (Address) Indexial Ind | | | | | |

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago | |
| ** | 2.1 | | | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

95, Bornsfield.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. item of 1 4 4 4 4 2 mp gold to an area of the (If death occurred in a hospital or institution, give its NAME instead of street and number) 6 mos. 7 ds. How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred 6 d vrs. statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 Maai Widnesed (Day) (Year) 7 BINDING 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of × ---: death is said Liast saw h___ 回 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than to have occurred on the date stated above, at 7. AGE Years Months Days 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 60 A or ____ min. were as follows: Date of onset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NO RESERVED Jo back 9. Industry or business in which work was done, as SILK MILL, may should SAW MILL, BANK, etc Date deceased last worked at Mos 15 11. Total lime (years) this occupation (month and year) _____ /926 AGE that occupation 5 instructions Other Cantributary Causes of importance 12. BIRTHPLACE (city or town) MARGIN (State or country) supplied. FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (cltv or town) plain (State or country) What test confirmed diagnosis? _____ Was there an autopsy? carefully MOTHER 15. MAIDEN NAME COLL 23. If death was due to external causes (VIOLENCE) fill in also the following: in important Accident, suicide, or homicide?______ Date of injury______, 19_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ should be (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. OF (Address) 006 18. BURIAL, CREMATION. OR REMDVAL Manner of injury WRITTE CAUSE mation LION 24. Was disease or injury in any way related to occupation of deceased?. 19. UNDERTAKER Thomas J. Thece (Address) If so, specify (Signed)_ Registrar (Address)

If more libnks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|--|---|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | MAY 7 193. | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nep | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V.S. | July 5, 1927 | Peritonitis | 3 days ago | |
| | | 1 | | | |
| Other contributory | auses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

90 73. O. Thomas

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oetired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed g: ged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many engineer,

spinal menincitis"); Dinklheria (avoid use of "Cropp");
Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemie cerebroed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> mapproved by Committee on "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stited unless important. American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State eause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid "". Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature not be

RURE Apermanently filed. If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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|--|--|--|---------------|--|
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| A D. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

m. Brandfild

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S/No. 1.

BINDING

RESERVED

MARGIN

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the big-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of theinjury, acaident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Iaemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

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MAY 2 19

| PLACE OF DEATH | 04584 STATE OF MARYLAND |
|---|---|
| County Theolerick Within the Corpe | CERTIFICATE OF DEATH |
| 7 1 1 | Registration Dist. No. /2/= |
| | Market St.: Ward) (If death occurred in a hospital or institution, give its NAME in |
| 2FULL NAME Clementine Ch | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Temale While (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH 7 /6 . 1860 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw h M alive on My 3, 193 |
| 7 AGE If LESS that day hrs day hrs day min. | . The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or Housewife particular kind of work | angua petris |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. |
| BIRTHPLACE (State or country) Theolen ick Mid | Contributory Attract Cuarry Secondary (Duration) 10 yrs. mos. ds |
| 10 NAME OF Michael Whiener | (Signed) A N Ogaw M. D 4. 5 193/ (Address) Fudurall. |
| UN DIRTHPLACE OF FATHER Z (State or country) W | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Margaret Demich | 18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY CHOWLEDGE | Where was disease contracted, if not at place of dea h? |
| unidellas Walter Chycle Jones | Former or usual residence |
| (Address 5 SMantet W. Frederick My | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MICHAEL 7, 1931 |
| 15 Filed 7 - afrel 1981 Draf mcludy. | Lound Carty Frederick Mig |
| If more banks are needed, addre.s tate hegistre | ar, 16 W. Baratoga St., Balto., Loquesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more preuse epocationer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emthe first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective cf to report especially in industrial employments, it is neces-For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

approved by Committee on Nomenclature as fracture of skull, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n_ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; Chronicand consequences (e. g., sepsis, Example: Measles (disease valvular heart affection need etc. The contributory " "Shock," Mcasles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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| | PLACE OF DEATH | 04555 | STATE OF MARYLAND |
|------|---|---|--|
| 1 | County Hederick | (154) | CERTIFICATE OF DEATH |
| | 0. / / | | Registration Dist. No. / 3 |
| Vil | lage or City New Youlon (No | mature ja | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| - | -POLE NAME | | No sely |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE OF DEATH |
| 3 5 | Male Color or RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | (Month) (Day) (Year) |
| 6 t | OATE OF BIRTH Akl 15 , 1931 (Month) (Day) (Year) | that I last saw h | CERTIFY, That I attended the deceased from |
| 7 A | O yrs. O mos. O ds. or _ min.? | and that death occur The CAUSE OF DEAT | red on the data stated above, at 2 4 m. TH * was as follows: a ture buth from |
| 13 | a) Trade, profession or articular kind of work | a 6 n | w. pregnandy |
| ь | o) General nature of industry usiness, or establishment in thich employed or (employer) | | (Duration)dede. |
| 9 8 | (State or country) Marykand | Contributory Secondary | (Duration) yis de. de. |
| | 10 NAME OF JUSCE Corraine dorcey | (Signed) | Emeit F. Boup M.D. |
| ENTS | OF FATHER (State or country) | | isease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal. |
| PAR | OF MOTHER ardella anna Rollins | | SIDENCE (For Hospitals, Institutions, Trans- |
| | OF MOTHER (State or country) | At place of deathyrsn | |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease cont if not at place of dead Former or usual residence | h? |
| | (Informant) (Address) New Weekel Med | 19 PLACE OF BURIA | LOR REMOVAL DATE OF BURIAL |
| 15 | Filed apr 17 1923/ Lucian K Halaone | 20 UNDERTAKER | leoner New Market & |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., with laborer, state occupation at beginning of illness. If retired from tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the bis-EASE (**VISING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonidis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid 10 intercurrent) affection need not be Chronic The nature of the injury, etc. valvular heart Nomenclature The contributory Measles; disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Tuderick

(82-d)

04556 STATE OF MARYLAND CERTIFICATE OF DEATH

| m. F 11 . FA | Registration Dist. No. |
|--|---|
| Village or City Mulevue transcular 2FULL NAME John & Dowery | St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Manied WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH March 5 , 1 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1930. to April 6 , 197/ that I last saw howalive on April 5 , 193/ |
| 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, at |
| S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | January Sur (Duration) yrs. mos. 4 ds |
| BIRTHPLACE (State or country) 10 NAME OF FATHER Sevil Down | Contributory Secondary (Signed) Description yrs mos ds (Signed) M. Description |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) Cauca Q. Sorea Super. (Address) Matterne to a factor for the second of th | Where was disease contracted, if not at place of death? White was disease contracted, if not at place of death? White was a residence with a place of Burial or REMOVAL DATE OF BURIAL MEANING HEAD ADDRESS ADDRESS |

Registra

If more bianks are needed, address State R gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, At Home, and children, Compositor, For persons (6) If the occupation has been changed Automobile factory. The Architect, who have no occupation -Coal mine, etc. not gainfully em-Locomotive (b) Grocery, The quesmateria engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('ercbrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report more symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY by cough; Committee on Chronic etc. valvular heart Nomenclature The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|---|--|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows: | th and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | () () () () () () () () () () | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | I BUMBAT Y | July 5, 1927 | Peritonitis | 3 days ago | |
| | à man de la company de la comp | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 04588 | | |
|---|--|--|--|
| 1. PLACE OF DEATH | - maria Ma | | |
| County Fraceles within the Corporate Minister (Registration Dist. No. | | | |
| Village or City Forderick | No. 503 6, Colourch St., 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number) | | |
| Length of residence in city or town where death occurred 70 yrs. Q mos | dean occurred in a hospital of mattuggon, give its (VA) vie. Instead of street and number) i | | |
| 2. FULL NAME Charles Elmer & | ader | | |
| (a) Residence: No. 5 o 3 G. Lokewsch. | St., Ward 2 If nonresident give city or town and State | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word) | 21. DATE OF DEATH After 30 | | |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) | | |
| (or) WIFE of Mary Mo. Louiss | 22. I HEREBY CERTIFY, That I attended deceased from | | |
| | , 19 , to, 19 | | |
| 6. DATE OF BIRTH (month, day, end year) Apr 9 86 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 3 = | | |
| 70 0 11 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and retated causes of importance | | |
| 701 11111. | were as follows: Date of onset | | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | auguna kuloria | | |
| 9. Industry or business in which | | | |
| work was done, as SILK MILL. Loumber loo- | 8 | | |
| 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 5.5 | | | |
| 12. BIRTHPLACE (city or town) Fredarick | Other Contributory Causes of importance: | | |
| (State or country) Manyland | | | |
| 13. NAME Calcarles E. Gader | | | |
| 14. BIRTHPLACE (city of two) Frederich | Name of operation | | |
| (State or country) Maryland | What test confirmed diagnosis? Was there an autopsy? | | |
| 15. MAIDEN NAME Ann Co. Lambricht | 23. If death was due to external causes (VIOLENCE) fill in also the following: | | |
| 16. BIRTHPLACE (city of twn) Frederick (Stete or country) | Accident, suicide, or homicide?, Date of injury, 19 | | |
| \$ 110 \$ | Where did injury occur? (Specify city or town, county and State) | | |
| 17. INFORMANT Comma May Cader (Address) 503. 6- lelserch St | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 18. BURJAL, CREMATION, OR REMOVAL | Manner of injury | | |
| Place Hot Olivet Commande Hay 3, 1931 | Nature of injury | | |
| 19. UNDERTAKER Thomas T. Tice | 24. Was disease or injury in any way related to occupation of deceesed? | | |
| 20. FILED I heary 1931 Day melinely | (Signed) M. D. | | |
| Registrar. | (Address) | | |

If more blunks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had refired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.--The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find 11.—The number of years the deceased followed the occupation.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton nill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State our that, as spinner, work done and return that, as spinner, weaver, etc.

machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the should be called a salesman and not a clerk,

Example II Example I of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

mooh I (idstroenteritis 876I'I holy Gullstones Other contributory causes of importance: contributory causes of importance: obn shop g Legi'ghmr vilinours. Cerebral hemorrhage Treek doo le loop desar ! Kun over by street car 1861 Chronic interstitial nephritis obo yoon I Attack of epitepsy 2161 Arterioscierosis of importance were as follows: of importance were as follows: The principal cause of death and related causes bate of onset The principal cause of death and related causes facto of onset BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requisite V. S.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be Indicated thus Farmer (restate occupation at beginning of Illness. If retired from or given up on account of the pisease causing Death, whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not pald Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) (a) Foremun, (b) Automobile factory. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on

Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death Zame, first, the Dis-EASE CAUSING DEATH (the prinary affection with respect Lobar pricumonia, Bronchopneumonia ("Pneumonia." fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept

> Nomenclature of the American Medical Association.) head ment of cause of death approved by Committee quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "PUERPERAL septicucmia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant ueoplasms); Measles; taken. For violent deaths state means of injury State cause for which surgical operation was undervulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase;(name origin; "Cancer") Is less definite; avoid of "contributory." (Recommendations on stateof the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), Accidental disowning; Example: Measles (disease Struck by railway Always qualify all The contributory "Coma," (second "Con-

tions answered in detail, it will prevent further correct If this certificate is looked over thoroughly and all quesall the data is essential and must be obtained before

the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. XACTLY Ward) (If death occurred in a hospital or institu-ion, give its NAME instead of street and number.) e properly of certifi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. may be in back of 3 SEX MARRIED, , 1920 WIDOWED (Day) hould (Year) OR DIVORCED (Write the word) That I attended the deceased from no NIDNI 6 DATE OF BIRTH that tions (Year) and that death occurred on the date stated above, at 0 7 AGE If LESS than or min. ? (a) Trade, profession or particular kind of work = (0 (b) General nature of industry d business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) MARGIN 10 NAME OF FATHER 0 ./ (Address). 11 BIRTHPLAS ENT OF FATHER State the Disease Causing Death, or, in deaths from 00 Violent Causes, state (1) Ideans of Injury' and (2) whether Accidental, Suicidal or Homicidal, 2 12 MAIDEN NAME < OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-D. ients, or Recent Residents) 13 BIRTHPLACE Inthe At place OF MOTHER State,yrs. mos. 6.0 of death yrs. mos. ... da. (State or country) Where was disease contracted, shou 14 THE ABOVE IS if not at place of death?..... Former or usual residence. (Informant) Every CIANS staten 19 PLACE OF BURIAL OR REMOVAL to Registrar " more blanks are needed, address State Registrar, 16 W. Saratoga Requesting V. S No.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. fired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer likestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Eta.ement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same uccepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

Nongenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ment train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as stated unless important. Example: Measles ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: taken. For violent beaths state means of injury State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always quality all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia inges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of "inqualified, is indefinite); Tuberculosis of lungs, menvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart disease; of cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railroay "Coma," "Con-(second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondonce. All the data is essential and must be obtained before the certificate is permanently filed.

That I attended deceased from

Oate ol onset

| | / | (111111) | |
|----------------------------|----------------------------------|---|--------|
| If more blanks are needed, | address State Registrar, 2411 N. | Charles Street, Baltimore, Requesting U. S. | No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | | |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of cpilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| | | | |
| May 1.1923 | Other contributory causes of importance: | 1 year | |
| | | 1 gent | |
| | 1915 1921 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. 1

10

| = | 3 | ACE should be stated EXACTLY, PHYSI-that it may be properly classified. Exact |
|------------|---------|---|
| | CORD | ACE should be stated EXACTLY, P that it may be properly classified. |
| 5 | TN | be stated be proper |
| OR BINDING | A PERMA | should t it may |
| S | A | ACE |

| PLACE OF DEATH | 04590 STATE OF MARYLAND |
|--|---|
| County Maderick | CERTIFICATE OF DEATH |
| 1. | Registration Dist. No. 144 |
| Village or City Gracelyan (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in steed of street and |
| 2FULL NAME / JULY / JULY / | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male White Single, Midowler OR DIVORGED (Write the word) | 16 DATE OF DEATH , 193/ (Month) / 2 (Day) (Year) |
| Mec 28, 1843 (Month) (Day) (Year) | that I lest saw h Malive on Mrs. 193 |
| 7 AGE 8 7 yrs. 3 mos. 14 ds. or min.? | and that death occurred on the date stated above, at 9.711 m The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or famil War Meteran (b) General nature of industry | and Bronelio Pulumonia |
| business, or establishment in | Sever Mosed (Durstion) yrs. mos 2 ds. |
| 9 BIRTHPLACE (State or country) Marceland | Contributory (1 garmechalt |
| 10 NAME OF FATHER Muchael Freeze | (Signed) (Address) Tracham M.D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Susanna Netsel | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) alvey Simmerman | Former or usual residence |
| (Address) Gracefram & | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Officery out 2015, 1931 |
| 15 Filed april 14 1921 anna M. Anto | Willhide & Creeger Thurmont |
| If more bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully emer," etc., Without more proving laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> approved by American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Nomenclature of the intercurrent) affection need not be Chronicetc. valvular heart disease; The contributory Measles ;

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

| PLACE OF DEATH County Frederics 7 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 |
|---|--|
| Village or City Tulinet (No. Fully) 2FULL NAME ASSESSMENT (1) | Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Femal White Single, Married, Widowed Married (Write the word) | 16 DATE OF DEATH 26 , 132 / |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw hell alive on Assaul 2 a., 1927 |
| 7 AGE 2 yrs. 2 mos. 2 ds. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Guard Washington 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) | (Durstion) Contributory Secondary (Durstion) (Durstion) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (A |
| (Informant) George Washington (Address) Low Moskington (Address) Low Moskington Filed 27 - Spir 1923 Jaw Curred Registrar If more branks are seeded, address State Registrar | if not at place of death? Former or usual residence of the |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary , may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealsary to know tion applies to cach and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a Or yrs . Farm laborer. At Home, and children, not gainfully emwithout more precise specification as Day For persons (a) the kind of work and also (b) the (b) Automobile factory. The Loborer-Coal minc, etc. who have no occupation single word or term on The quesmateria Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthonia," "Anaemia" (morely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved as fracture of skull, and consequences (e.g., sepsis "Exhaustion, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial by ("Congenital," cough; 29 Committee on Nomenclature "Heart failure," "Ilaemorrhage," nephritis, Chronic etc. valvular heart The contributory not be discase

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from business; that fact may be indicated thus; Farmer from or given up on account of the DISEASE CAUSING DEALTH Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Neyer return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write Nonc. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, worked on may form part of the second statement Physician. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womman, (b) Automobile foctory. The material Compositor, Architect, For persons Stationary fireman, etc. But in many who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease East Cause of Death—Name, first, the Disease East of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"; Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, stated unless important. Example: Measles (disease carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart sauce," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, - etc. The Committee on Chronic valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0

| PLACE OF DEATH | 04595 |
|---|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Freduct | CERTIFICATE OF DEATH |
| 2.04 | Registration Dist. No. 133 |
| Village or City // A S | St.: Ward) (If death occurred in a hospital or institution, give its NAME is |
| 2FULL NAME Unna Mari | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH April 4, 1923/ |
| 6 DATE OF BIRTH | (Month) (Day) (Year) |
| (Month) (Day) (Year) | that I last saw h L alive on Chr. 4 , 197 3/ |
| 7 AGE If LESS than | |
| 67 yrs. 0 mos. 3 ds. or min. | . The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or | Carinama of Siver |
| b) General nature of industry | |
| Dusiness, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Durstion) yrs. 1808 |
| 10 NAME OF FATHER LOS AS CELOS ARE | (Signed) 252 6 2 2 M. D. |
| O II BIRTHPLACE | her 1973 (Address) I calke would ma |
| Z (State or country) | /*State the I is use Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Malinda Freshown | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds. |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, it not at place of dea.h? |
| h Pl. of | Former or usual residence |
| (Address) The weap of the | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed apr. 5 10 31 | 90 UNDERTAKER ADDRESS |
| mis Lule Wirght | 1/d oreager toy Jummon, |
| If more banks are needed, address tate Kegistra | r, 16 W. Saratoga St., Malto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (reer," etc., Wilnow Laborer, Laborer—Coat many laborer, Farm laborer, Laborer—Coat many laborer the laborer, who are engaged in the dutics of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tctanus) may be stated under the head of "contributory." "Ethaustion," "Heart failure, machining," "Shock," "Old Age," "Shock," "Admits disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Americau Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | PLACE OF DEATH | 04590 STATE OF MARYLAND |
|-------|--|---|
| 0 | County Frederick | CERTIFICATE OF DEATH |
| | The state of the s | Registration Dist. No. 14 |
| Villa | age or City Mr. Mtary (No | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give lts NAME is stend of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SI | emale. Colored SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married | 16 DATE OF DEATH Skl 2 , 193 / |
| 6 D. | Tunknown (Day), 1 (Year) | that I last saw here alive on Aft 2nd, 1921, |
| 7 AG | about 56 yrs. mos. ds. or min.? | and that death occurred on the date stated above, at |
| (a | Trade, profession or House Wife | Lober kneumoura |
| Sal |) General nature of industry siness, or establishment in high employed or (employer) | (Duration) O yrs. O mos. 6. ds. |
| - | (State or country) Mariland | Contributory Secondary (Duration) yrs |
| | 10 NAME OF FATHER TINKNOWN | (Signed) Einet P. Book M. D. All 3 193/ (Address) New Market ned |
| ENTS | 11 BIRTHPLACE OF FATHER (State or country) // | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| PAR | 12 MAIDEN NAME OF MOTHER // | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of desth |
| 14 T | (Informant) John Graham | former or usual residence |
| **** | (Address) Int airy ma | Woodville Cemetery april 4, 1931 |
| 15 | Filedfiel 3 19 31 mm H. Blay Registras | H. M. Snyder mtaryma |
| | If more b.anks are needed, addre.s Ltate Registra | r, 16 W. Saratoga St., Balto / Lequesting V. S. I.o. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of orbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross, in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "eontributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from ehildbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic Example: Measles (disease affection need not be etc. valvular heart The contributory Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-M AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, N. B.-

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

| 1. PLACE (| Freder | 011 | | 8 | Posietration | Dist. No. / 5 | 24 |
|------------------------------------|---|----------------|-----------------------------------|-----------------------------------|---------------------------|---------------------------------|------------------|
| | h a | | | A1. | Registration | | |
| Village or | City Moce | w) | ()f | death occurred in a hospital or i | nstitution, give its NAM! | St., E instead of street and | Wai |
| Length of re | esidance in city or town where | death occurred | yrsmos | | S. If of foraign birth? | yrs | mos |
| 2. FULL N | AME Tutas | 1- 5 | rusli | on | | | |
| (a) Reside | ence: No. | | | St., Ward. | | | |
| | V | (Usual place | | | | give city or town ar | nd State |
| | NAL AND STATIST | | | | L CERTIFICATE | OF DEATH | |
| 3. SEX | 4. COLOR OR RACE | | RIED, WIDOWED, O (write the word) | 21. DATE OF DEAT | alm | 1. | |
| 111 | 0 | 1 5- | yen. | | (Month) | (Oay) | , 193/ (Yaar) |
| Sa. If marriad, wide HUSBANO of | owad, or divorcad | | 0 | 22. I HERE | BYCERTIF | V That I attende | d deceased fo |
| (or) WIFE of | | | | | | 1, mat i attange | |
| 6 DATE OF RIPTS | (month, day, and year) | hil 11 | 1931 | I last saw h alive or | | | |
| | ears Months | Oays | If LESS than | to have occurred on the date | stated above, at | m. | |
| St. 08 | Com | | 1 day,hrs. | The PRINCIPAL CAUSE OF | DEATH and ralated caus | es of importanca | |
| 8. Trada, pro | fassion, or particular | ı | 101(1111). | wera as follows: | . 1 | / | Oate of on |
| kind of SAWYE | work done, as SPINNER, ER, BOOKKEEPER, atc | | | full | -born | / - | |
| 9. Industry of | r business in which | | | V | | | |
| | vas done, as SILK MILL, IILL, BANK, etc | | | | | | |
| this occ | ased last worked at cupation (month and | 11. Total ti | t in this | | | | |
| yaar) _ | Ma | | pation/ | Other Contributory Causes of | importance: | • | |
| 12. BIRTHPLACE (| | olless | - 0 | | | , | |
| (State or co | a l A | 10. | torgland | 1 recu | alure | ej | |
| 13. NAME 14. BIRTHPLAN | alpe Das | W yre | stylen | | | | |
| 4 14. BIRTHPLA | CE (dy or town) | 0 | | Name of oparation | `` | Oate of_ | |
| (State | or country) | care | and a | What test confirmed diagnosi | s? | Was thara an | autopsy? |
| 15. MAIOEN N | AM Mary Ele | gareful! | Miller | 23. If death was dua to extern | | | |
| | CE (city or town) | ma | | Accident, suicide, or homicide | e? | Oate of injury | , 19 |
| - (Stata | er couplry) | 1 carge | dus | Where did Injury occur? | | town, county and St | ate) |
| 17. INFORMANT | 1. N. Sh | ustin | V | Specify whether Injury occur | | | |
| (Address) | ATION OF PENOVAL | mes | and was | | | | |
| | ATION, OR REMOVAL | 1. Oha | if 11 1931 | Mannar of injury | | | |
| Placa Placa | winder !! | CL Vare VI | / 193/ | Natura of injury | | | 7- |
| 19. UNDERTAKER | Lalph Da | and fen | show | 24. Was disease or injury in a | iny way related to occup | ation of deceasad? | w |
| (Address) | Enwitsbur | 9//11/6 | 10 | If so, specify | 00 | 5 00 | |
| 20, FILEO | VII 1931 1 | MAS | well | (Signed) Teal | ent 1 | Jelle | ММ |
| | | 1 - 1 | Registrar. | (Address) | - Ales | uy /m | U, |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Ex | ample I | and the | Example II | |
|--|----------------------|---------------|--|---------------|
| The principal cause of deat of importance were as follow | h and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MA VE. | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis. | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAUX | July 5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory causes of importance: | | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | • | | | - |
| | - | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(If death occurred in a hospital or institu-

tion, give its NAME in-stead of street and

DATE OF BURIAL

DDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Nouseer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Form loborer, Loborerwithout more precise specification as Day (b) Automobile foctory. The material -Coal mine, etc. Wom-Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "Puerperal septionemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles, inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Chronic interstitial nephritis, approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; or intercurrent) Chronic Example: Mcaslcs (disease affection need not be valvular heart disease; etc. The " etc., "Dropsy," contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data details essential and must be obtained before the certificate is permanently filed

VED

| nfor- state JPA. | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|--|
| 1 11- | 1. PLACE OF DEATH County Frederick | 82-0 |
| should of OCC | | Registration Dist, No./ W/ |
| shor of O | Village or City Frederich | No. 2/6. 6. Church St., 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | | . 46 ds. How long in U.S. if of foreign birth?yrsmosds. |
| Every CIANS tement | 2. FULL NAME Eliza Adelaide Hoa | llar |
| 20 Kg | (a) Residence: No. 0216. 6. Church | St., 2 Ward. |
| CONTRACT SERVICE SERVI | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| ECC Exact | 3, SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| | Frenche White Single | (Month) (Day) (Year) |
| | 5a. If married, widowed, or divorced HUSBAND of | |
| MAN) A C C assift | (or) WIFE of | March 17th 1931 to April 2d 19 31 |
| E ME | 6. DATE OF BIRTH (month, day, and year) Jan 6 1854 | Hast saw her alive on April 1st 19 31; death Is said |
| PE d E | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 9-30, Am. |
| IS A PE stated E properly certificate | 77 2 26 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| | 8. Trade, profession, or particular kind of work done, es SPINNER, | Cerebral hemorrhage 3/1/2/3 |
| | SAWYER, BODKKEEPER, etc | |
| N. T. V. | SAW MILL, BANK, etc. | |
| IN STATE | 10. Date deceased lest worked at this occupation (month end spant in this | |
| KG I AGE that | yeer) occupetion | Other Contributory Causes of importance: |
| NFADING plied. AG) rms, so tha | 12. BIRTHPLACE (city or town) Mossiland. (State or country) Massiland | |
| IFA IFA Ilied Ims, | | |
| t the t | 13. NAME Colorles W. Hoseler 14. BIRTHPLACE (city or town) (State or country) | Name of operation Dete of Dete |
| ly S lain | (State of County) She arrivanta | What test confirmed diagnosis? Was there an autopsy? |
| WEGING efully in pla | 15. MAIDEN NAME Sarah Freston 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| . 14 | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| AINLY, WI d be careful DEATH in p | 1 (State of County) Of Contraction | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. |
| Y P-Q N | 17. INFORMANT Mouse Jessee No. Haller (Address) 216. E. Church St | Specify whether injury occurred in INDUSTRY, in nome, or in robert reace. |
| | 18. BURIAL, CREMATION, DR REMOVAL | Manner of injury |
| ON SE | Place Mat Colevet Date Afro 4 , 1931 | - Nature of injury |
| -WRITE mation S CAUSE TION is | 19. UNDERTAKER Thomas T. Bise | 24. Was disease or Injury in any way related to occupation of deceased? NO |
| | (Address) Frederick Mal) | If so, specify (C) (C) |
| i Z | 20. FILED 3. Glul, 1931 Doa Millingly. | (Signed) M.D. (Address) Frederick, Maryland, |
| (T) | If more blanks are needed, address State Resistrar, | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 130 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Cr. Cauley

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cich and every person, irrespective c business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved by Committee on Iclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Consus and American Public Health Association.)

er," etc., Williams, Laborer— Inhorer, Parm laborer, Laborer tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescipition is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g. Farmer or Planter, Foreman, (b) Automobile factory. The material ician, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coul mine, etc. Wom-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar presented, Bronchopneumonia ("Pneumonia.")

American Medical Association.) diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," atic), "Atrophy" "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of (name origir; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart fauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory" as fracture of skull, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condiinterstitial nephritis, cough; "Heart failure," "Haemorrhage, for malignant neoplasms); Measles, Chronic and consequences (e. g., sepsis etc. The contributory valvular heart disease;

If this certificate is I oked over thoroughly and all questions answered in detail, it will prevent further correspondence. I the data is essential and must be obtained before the certificate is permanently field.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Example II | | |
|---|------------------------------|--|---|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Corebral hemorrhage | 1915 1921 July 5, 1927 | The principal eause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis | Date of onset 1 week ago 1 week ago 3 days ago |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |

| | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness (f various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foremon, or At Home, For many occupations a single word or term on yra). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, For persons who have no occupation! (b) Automobile factory. The material Stationary firemun, etc. But in many and children, not gainfully em-Locomotive engineer, Gracery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma. etc., of carbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenelature Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Measles; not be

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis BURFAU V.S. | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other centributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

deaths from

OF BURIAL

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., William laborer, Laborer-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a without more precise specification as Day Stationary fireman, etc. But in many may be indicated thus; Farmer (resingle word or term on -Coal minc, etc. Wom-6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association (Recommendations on statement of cause of death approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will rever the the correspondence. All the data is essential and must be obtained before the certificate to permanently filed. roughly and a'l questions of the correspondence. All the obtained before the certificate is

| 3 | | PLACE OF DEATH |
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| cert | | PERSONAL AND STATISTICAL PARTICULARS |
| back of | | Male Color of RACE SSINGLE, MARRIED, Marriel WIDOWED, OR DIVORCED (Write the word) |
| on b | 6 | DATE OF BIRTH |
| | | (Month) (Day) (Year) |
| structions | 7 / | If LESS than |
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| tant See | (F () b | a) Trade, profession or Jam Lebner particular kind of work Jam Lebner b) General nature of industry usiness, or establishment in which employed or (employer) |
| impor | the C | (State or country) Morgland |
| very | | 10 NAME OF FATHER Mozer Johnson |
| ON IS | ENTS | OF FATHER (State or country) Many Land |
| PATI | PARE | OF MOTHER DONN STONE |
| occn | | OF MOTHER (State or country) May land |
| atement of | 14 | (Informant) MM John Johnson |
| ater | | (Address) |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

St.: Ward) (If death occurred in a hospit I or institution, give its NAME i. stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month) (Day) (Year)

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from the last saw ham alive on Interpretate the stated above, at 236 g. m. of the CAUSE OF DEATH * was as follows:

(Duration) And June 1. June

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Disease Causing Death, or, in deaths from

ients or Recent Residents)

At place In the of death yrs mos. ds. State yrs mos, ds

Where was disease contracted,
if not at place of deah?

Former or usual residence

round

Hopefull-Urbana Die

H-19, 19

a We Diston

Frederick n

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Parmer freor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enlaborer, Never return "I.aborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Civil engineer, Statement of Occupation-Precise statement of oc-Foreman, or For many occupations a single word or term on B.8). Farm laborer, At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The material Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-Architect, who have no occupation Locomotive engineer, not gainfully em-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningivis"); Diphtheria avoid use of "Cloup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| (M) | Exact | PLACE OF DEATH | 0460 STATE OF MARYLAND |
|-------|--------------------|--|---|
| | E m | County Frederick | CERTIFICATE OF DEATH |
| > | flod | 2001 . 12 | Registration Dist. No. /33 |
| CORD | y classi | Village or City Valkersullano. | St.: Ward) (If death occurred in a hospit of institution, give its NAME is stead of street and number.) |
| | port | PERSONAL AND STATISTICAL PARTICULARS | |
| | orc f | 3 SEX 4 COLOR OR RACE 5 SINGLE. | MEDICAL CERTIFICATE OF DEATH |
| Z | y be | male white (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| A R | ma n b | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| BIF | 10 = 1 | Mess 3 181 | |
| C < 0 | hat | (Month) (Day) (Year) | that I last saw halive on, 192, |
| SIS | ottott | 7 AGE [If LESS than | and that death occurred on the date stated above, atm. |
| SIS | s s stru | 110 16 9.16 l day hrs. | The CAUSE OF DEATH * was as follows: |
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| 山 🗦 ; | × = × | particular kind of work (b) General nature of industry | Sweidal Suttefit |
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| M | Ve | FATHER harles Relaurer | (Signed) M. D. |
| E 4 | E 0 | U 11 BIRTHPLACE OF FATHER | Upry 28 198! (Address) Nas Russille, Med |
| 9 | CAUS | (State or country) | VState the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| , Y, | A | of Mother Laura Koogle | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| O.L.) | state | 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| 1 000 | - 0 | OF MOTHER (State or country) | of death yrsmos. ds. State yrsds. |
| ٥ ـ ١ | | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| ITE | sho | (Informant) Leslies Kolauver | Former or usual residence |
| W × | NS | 4 1 . 1 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| . 0 | CIANS | (Address) Frederick Pha | Reprocem. Middletown apr. 29, 193/ |
| i i | 100 | 15 Filed apr. 28 1923 /mrs Laber Wright | 20 UNDERTAKER DDRESS |
| (T)m | | Registrar | Mrs. K. G. Putman Walkersville |
| , | | If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md |

1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. ployed, as At school, or At home. Care should be taken etc., report specifically the occupations of persons en-Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, As examples: (a) (6) Grocery; iron

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise so. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association. tetanus) may be stated under the head of "contributory." approved as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Caneer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; 'Congenital,' "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Meusles (disease etc. The contributory Measles; not be

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WERE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. PHYSICIANS MARGIN RESERVED FOR BINDING gentificate. CAUSE OF DEATH in plain terms, so that it may be Jo See instructions on by mation should be carefully supplied. TION is very important.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH MAGES |
|---|--|
| 1. PLACE OF DEATH , | (52) |
| County Frederick | Registration Dist. No. 134 |
| Village or City Sumultaline | No. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 30 yrs. mos | ds. How long in U.S. if of foreign birth?yrsmos ds. |
| 2. FULL NAME William a /C | imp. |
| (a) Residence: No. | St., / Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | It nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH |
| male white OR DIVORCED (write the word) | April 13 , 1934 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WHEAT TUBLE Croupe / tump | 22. I HEREBY CERTIFY, That I ettended decessed from |
| Survey of the state of | Nov. 15 1930 10 apr. 13 1931 |
| 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Days I LESS than | I last saw h alive on a lost 1931; death is said |
| 7. AGE Years Months Days If LESS than I day, hrs. | to have occurred on the date stated above, at |
| 8. Trede, profession, or perticular | were as follows: Datephonset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. hresher | Conger of lower and led from |
| | or may of now , eige ten |
| 9. Industry or business in which work was done, es SILK MILL of SAW MILL, BANK, etc. SAW MILL, BANK, etc. | 7/2 |
| 10. Date deceased last worked at this occupation (month end page 199 spent in this 25 yrs | |
| 12. BIRTHPLACE (city or town) Cooktown (State or country) | Dither postributory Causes of Importance: Lower age list parature with |
| A | wheat beard July 1916. |
| | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| 15. MAIDEN NAME anna Mr. Bootley | What test confirmed diegnosis? |
| 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Chos. w. Kenny. | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury to hile threshing lower bed paration |
| Place Emmitteling Export Cop. 15, 1931 | Nature of injury |
| 19. UNDERTAKER W. J. Short I. (Address) fruit hand and | 24. Was disease or Injury In any way sented to occupation of deceased? Let |
| 20. FILEBOANE 15, 1921 M. E. Shuff | (Signed) Brooks of Jamison M. D. |
| Jocal II Registrar. | (Address). Commissiony. Ind. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 1 | Example I | | Example II | |
|---|------------------------------|---------------|--|---------------|
| The principal cause of de of importance were as fol | ath and related causes lows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | MAY 4 1931 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V. | July 5,1927 | Peritonitis | 3 days ago |
| | | Vin! | | |
| Other contributory causes | s of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Hausewife, House-Spinner, (b) Cattan mill; (a) Salesman. (b) (a) Foreman, (b) Autamabile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer ar Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At hame. Care should be taken work, or At Hame, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Caul mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compasitor, Architect, Lacomative engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery; material

Stritement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc.se. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchapneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the "PUERPERAL septicacmia," "PUERPERAL peritonitis, "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drepsy," ("E-haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumania (secondary), st_ted unless important. Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritanaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-prabably suicide. The n-ture of the injury, accident; Revolver waund of head-homicide; Paisaned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken: For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

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" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

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business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). or given up on account of the disease causing deart, Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation The material

Executive of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lover pneumonia. Branchopneumonia ("Pneumonia.")

ment of cause of death approved by Committee on head of quences Poisoned by carbolic acid-probably suicide. The na-Examples: as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under Nontemplature of the American Medical Association.) ture of train—accident; Revolver wound of head-homicide; "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report more symptoms or terminal vulsions," "Debility" ("Cougenital," "Senile," etc.), conditions. causing death), 29 ds.; Bronehopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (uame origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." (e. g., scpsis, tetanus) may be stated under the the injury, as fracture of skull, and conse-Accidental drowning; Struck by rallway such as "Asthenia," Chronic valvular heart discase; (Recommendations on state-Example: Measles (disease affection need not be "Anaemia" Measles; (merely (second-

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V. S. No. 1

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| RESERVED FOR BINDING | NG INKTHIS IS A PERMA NT CORD | refully supplied. ACE should be stated EXACTLY, PHYSI-In plain terms so that it may be properly classified. Exact |

| cate | Village or City State Sannoatorie | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139 Ward) (If death occurred in a hospitel or institution, give its NAME insteed of street and number.) |
|-----------|---|--|
| ertifi | PERSONAL AND STATISTICAL PARTICULARS | |
| 0 | | MEDICAL CERTIFICATE OF DEATH |
| ack o | MARRIED. Widow OR DIVORCED (Write the word) | 16 DATE OF DEATH (WOLL 25, 199.31 |
| ons on t | © CA 4 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 19230 to AMAL 25, 1983/ that I lest saw h Walive on AMAL 24, 1983/ |
| struction | 7 AGE 3 8 yrs. 6 mos. 2 ds. or min.? | and that death occurred on the date stated above, at |
| See Ir | (a) Trade, profession or bookbinder | Julmonary Interculoses |
| rtant. | (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) |
| very impo | 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Cyril Valenta | Contributory Secondery (Signed) (Signed) (M. D. Martine) (M. Martine) (|
| ION IS | OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| DCCUPAT | 12 MAIDEN NAME OF MOTHER MAY RYSICKA 13 BIRTHPLACE OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. 3 mos. 6ds. State 8 yrs. 6mo. ds. |
| nt of | (Informant) W. a. Y archier | Where was disease contracted, if not at place of death? The state of t |
| stateme | (Address) State Saylatorum My | Balting Md. DATE OF BURIAL OR REMOVAL DATE OF BURIAL UNDER TAKER |
| | Filed 4 8 / 5 192 Registrar | 20 UN DERTAKER LADDRESS IN A M-L. Clayle Lubrout 16 W. Seratoga St., Belto., Requesting V. S. No. 1. |
| | it more plents are needed, address place negligible | the same and a second standard and a second second |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But iu many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Locomotive engineer, material Grocery; Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as -probably suicide. The nature of the injury, for malignant neoplasms); Chronic Example: Measles (disease affection etc. The contributory valvular heart disease; Always qualify all need not be Measles ;



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whatever, write Nonc. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewifc, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement " etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed Laborer-Coal minc, etc. Wom-Architect, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease ," "Coma," "Convulsions, Masles;

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DATE OF BURIAL

(Approved by U.S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; in nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, work, or At Home, and ehildren, laborer, Farm laborer, Louvirg - we many the duties of the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs). business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foremon, to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Loborer-Cool mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Solesmon. (b) Locomotive engineer, not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncunonia (seeondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; diseases resulting from childbirth or miscarriage as "Puerperal septicacnia," "Puerperal peritonitis," etc. ean be ascertained as the eause. Always qualify all State cause for which surgical operation was under-Recommendations on statement of cause of tetante) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Caneer" is less definite; avoid Chronic valvular heart Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Nomenclature not be disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material not gainfully em-

Strtement of Cause of Death—Name, first, the DISEA.T. (*\US:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only-definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably swicide. The nature of the injury, accident; Bevolver wound of head-homicide; Paisoned by stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perdonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| STATE | OF | MARYLAND—CERTIFICATE OF DEATH | 04615 |
|-------|----|-------------------------------|-------|
| DEATH | , | | |

| 1. PLACE OF DEATH | <u> </u> |
|--|--|
| county Frederick | Registration Dist. No. 145 |
| Village or City Myersnille | No. St. Ward |
| // | If death occurred in a hospital or institution, give its NAME instead of street and number) |
| 121 20 | s, ds. How long in U.S. if of foreign birth?yrs,mosds. |
| 2. FULL NAME Phiss Martha | o. Long |
| (a) Residence: No. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| OR DIVORCED (write the word) | 4 24 193/ |
| 5a. If married, wildowed, or divorced O | (Month) (Day/ (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from Felo 1930, to Opr- 4 1931 |
| 6. DATE OF BIRTH (month, day, and year) Abril 13, 1843 | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 08hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| O S I I O TO THIN. | were as follows: Oate olonset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Source Recher | Carellouia Stanials |
| 9. Industry or business in which | Seesi 11/4 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | Mucardilis |
| 10. Date deceased last worked at this occupation (month and spent in this | |
| year) occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Stellity- |
| (State of Country) | |
| 13. NAME Joseph Long 14. BIRTHPLACE (Lity or town) . Mind alle Hown | |
| 7 14. BIRTHPLACE (Vity or town) mud delfown | Name of operation Date of |
| (State of country) md | What test confirmed diagnosis? Was there an autopsy? NO_ |
| 15. MAIDEN NAME Maria Bussard 16. BIRTHPLACE (city or town) Middle town | 23. If death was due to external causes (VIOLENCE) fill in atso the following: |
| o 16. BIRTHPLACE (city or town) Middle lown | Accident, suicide, or homicide? |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Harrey Long (Address) mygerwille, md; | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Middletown Date 4/2//, 193/ | - Nature of injury |
| 19. UNDERTAKER C. J. 4. Isladliel (Address) middle po mid | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Apr. 25, 1931, Miliam D. Wachtel | (Signed) Lechs/ falers M. P. (Address) Longers aller 78 |
| 16 mars black and 11 Co. D. | The state of the s |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. L.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis MAY | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUPFAU V. S | July 5, 1927 | Perilonitis | 3 days ago |
| . E. s | 5 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. -Coal minc, etc. Wom-But in

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease approved by Committee of American Medical Association (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), "Exhaustion," (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, "Heart failure," "Haemorrhage, Chronic etc. valvular heart Nomenclature The contributory disease;

data is essential ar permanently filed answered in detail, it If this certificate is loke thoroughly and all questions

an substy be whined before the certificate is

| 1. PLACE OF DEATH | I MAKILAND | CERTIFICATE OF DEATH |
|--|--|--|
| County Fracesic | to Wilmond | Registration Dist. No. 2 /2/2 |
| Village or City Freder | · | ND. 360 W. Patrick St. / Ward |
| | (1) | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of rasidence in city or town whare d | laath occurred 62 yrs. 6 mos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Colores | ice G. Mais | |
| (a) Residence: No.360 W. | (Usual place of abode) | St., / Ward. If nonresident give gity or town and State |
| PERSONAL AND STATISTI | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Mosle White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Amonth) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | _ | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | ct 13 1868 | I last saw h alive on, 19; death is sai |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated abova, at 9-30.7m. |
| 62 5 | 20 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of oneset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RODKKEPPER atc | 0 7 | Gobalety near |
| SAWYER, BODKKEEPER, etc. | amer | actions of did horse |
| work was done, as SILK MILL, SAW MILL, BANK, etc | | and had merca cottan lades |
| 1D. Data deceased last worked at this occupation (month and | 11, Total tima (yaars) spent in this 20 | diath was seed dere. |
| yaar) | ocsupation | Other Cuntributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | erech | |
| | Noain | <u> </u> |
| | | Name of operation Date of |
| | aryband | What test confirmed diegnosis? Was there an autopsy? |
| 15. MAIDEN NAME Cleanor | Thomas | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) | derect 60 | Accident, suicide, or homicide? Date of Injury, 19 |
| E (State or country) | ryland | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Haiss Offa (Address) 360. W. Patri | Masin ch St. Frederick | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL Place Slot Olivet | Date Afra 7 , 1931 | Manner of injury |
| 19, UNDERTAKER Thomas J | Police | 24. Wes disease or injury in eny way related to occupation of deceased? |
| | ich. | If so, specify |
| 20. FILED 7-april, 193/ Voa | J. McCarle | (Signad) (Address) A Colored C |

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes. Date of onset of importance were as follows: | | | Example II | | |
|--|----------------|-------------|--|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | MAY 7 1931 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago | |
| | BUREAU V. | 3. | | | |
| | | لنست | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, L. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery; Tre-L

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptaed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia")

> (secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature tetanus) n as fracti e of skull, and consequences (e.g., sepsis, carbolic a Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condid-probably suicide. The n-ture of the injury, be stated under the head of "contributory." cough; Chronic valvular etc. The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH . | (53) |
| County Frederick | Registration Dist. No. /34 |
| Village or City fromtshing | No. It Joseph Callege St., Ward |
| 1155 | death occurred in a Mospital of institution, give its NAME instead of street and number) ds. How long in V.S. if of foreign birth? yrs. mos. ds |
| 2. FULL NAME Catherine Wes. U | contain (Sixter ruge - the t |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surge | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceesed from |
| 6. DATE OF BIRTH (month, day, and year) June 3 - 1856 | I last saw h & alive on 2 mil 16 1931 : death is sale |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 74 10 14 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Sacoma lower abdomen Date of onset |
| SAWYER, BDOKKEEPER, etc. Pessles of thanks | Subra Juistonial 590s |
| work was done, as SILK MILL, Religious SAW MILL, BANK, etc. | S'aresura libra 19r |
| D. Date decessed last worked at this occupation (month end 7/1/3/ spent in this occupation coupation | |
| 12. BIRTHPLACE (city or town) Journaica Plain | Dther Contributory Causes of importance: |
| (State or country) (cross. | |
| 13. NAME 14. BIRTHPLACE (city or town) | |
| (State of country) | What test confirmed diagnosis? Lyncul a Juliante Was there an eutopsy? |
| 15. MAIDEN NAME Dridget Payrue | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME Bridget Byrne 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| (State or country) relaid | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT As Demand Andorge (Address) Emmitaling well | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place turnitahing tel Date apr 20, 1931 | Manner of injury |
| Priace State Date | Nature of injury |
| 19. UNDERTAKER U. J. Shuff (Address) Turither rud | 24. Wes disease or injury in any way related to occupetion of deceased? 2100 |
| 20, FILE Wil 20, 1931 Mit Straff | (Signed) Morrio aBrief M. I. (Address) Thurmout Md |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example DEIVE | Di | Example II | | |
|---|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: MAY 4 1931 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arleriasclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis BUREAU TE | 1921 | Run aver by street car | 1 week ago | |
| Cerebral hemarrhage | July 5,1927 | Peritonitis | 3 days aga | |
| Other centributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

" more blanks are needed, address State Registrar, 16 W. Saratoga St., Balyo., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

er," etc., whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer ()state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persous enployed, as At *chool or At home. Cure should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Housemuid, etc. If the occupation has been changed worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, capation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer. Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various paranits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation therefore an

Ease causing deart (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebro. Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia").

MAY

4 1931

head of Non-melature of the American Medical Association. ment, of cause of death approved by Committee on quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause "Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakuess," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," vulsious." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; inqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "contributory." "Exhaustion." "Heart failure." "Debility" ("Congcuital," "Senile," etc.), such as "Asthenia," "Anaemia" for which surgical operation was under-(Recommendations on state-"Haemor-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further corresponding. All the data is essential and must be obtained before the cartificate is permanently filed.

| 1. PLACE | STATE (| | 4 | CERTIFICATE OF DEATH 04621 | |
|---|---|---|---|--|------------|
| County | Frederick | | Seattle the | Registration Dist. No. / 2/= | |
| | or City Frederick | | | No. Frederick City Hospital St., If death occurred in a hospital or institution, give its NAME instead of street and number St., de. How long in U.S. if of foreign birth? No. 100 June 100 | _Ward |
| 2. FULL | residence in city or town where NAME Mrs. Mary idence: No. \$ 5 DeGr | Elizabeth | Perkind | St., Ward. If nonresident give city or town and State | us |
| PERS | ONAL AND STATIS | TICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | 3 - |
| 3. SEX female | 4. COLOR OR RACE White | 5. SINGLE, MAI OR DIVORCI MATTIES | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH April 13, 193 | L Year) |
| 5a. If married, v HUSBAND (or) WIFE | of Harry T. Pe | rkins | | 22. april 5 1931 4 april 13 1 | sed from |
| 6. DATE OF BIF | TH (month, day, and year) | Jnknown | | Hast saw her allve on April 13 1931; deat | th is sai |
| 7. AGE | Years Months | Oays | If LESS than I day,hrs. or min. | to have occurred on the date stated above, at 4 A | o ol once |
| 9. Industry | rofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc. or business in which (was done, as SILK MILL, MILL, BANK, etc. | Housew | ife | following operation | ه ال |
| O 10 Data de this | ceased last worked at occupation (month end) | 11. Total so oc | time (years) ant in this aupation | Other Contributory Causes of importance: | |
| (State of | E (city or town) Neryla: | nd | | | |
| 14. BIRTHP | homas Hines. LACE (city or town) Maty te or country) | land | | Namo of operation. Thy roidectomy Date of Office. What test confirmed diagnosis? Physical Rig. Was there an aulops; | Is. |
| 当. MAIOEN | NAME Florence S | heets. | | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| | LACE (city or town) | ryland | | Accident, suicide, or homicide? | 19 |
| 17. INFORMANT (Addres | Harry T. Perk | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CRI | mation, or removal H. Olivet Fred | | il 15, 1931 | Manner of injury . | |
| 19. UNDERTAKE | M. R. Etchiso Frederick, Md | n & Son. | | 24. Was disease or injury in any way related to occupation of deceased? NO | |
| 20, FILED 4. | april, 19 2 / 00 | a/m | caud | (Signed) . M. Smut | M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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| Example-I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related cause of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: . | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cercbral hemorrhage | July 5,1927 | Peritonitis ° | 3 days ago | |
| The state of the s | 8 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH OCCI should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS or town where death occurred _ds. How long in U.S. if of foreign birth?_. statement (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Senole (Year) BINDING classified 5a, If married, widowed, or divorced HUSBANO of 22. That I attended deceased from (or) WIFE of PERM M 6. DATE OF BIRTH (month, day, end year) at : death is said 7. AGE roperl Months If LESS than Days to have occurred on the date stated above, at FOR stated I day, ____ ltrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Oate of onset 8. Trede, profession, or particular MARGIN RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. should 9. Industry or business in which nay work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et 11. Total time (years) this occupation (month end spant in this occupation instructions Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?____ Was there an autopsy?____ HER 15. MAIOEN NAME very important 23. If death was due to external causes (VIOLENCE) fill in also the following TO Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (State or country) Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE (Address) OF 18, BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation TION Neture of injury 24. Wes disease or Injury in any 19. UNOERTAKER (Address) If so, specify (Signed) 20, FILED Chal 16, 1931 Registrar. (Address) If more Clanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | S days ago | | |
| Comparison Section Commission - | P | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 yeur | | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Ralto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House. en at home, who are engaged in the er," etc., without more precise specification as should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Farm laborer, Laborerworked on may form part of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-6 yes.). For persons who have no occupation For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Womsecond statement. duties of the The material But in many

Statement of Cause of Death—Name, first, the bisbase causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> stated unless important. quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naand qualify as accidental, suicidal, or Homicidal, diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of train-accident: Revolver around of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely taken. State cause "Puenperal septicaemia," "Puenperal peritonitis," can be ascertained as the cause. "Uraemia," "Weakness." ctc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious." causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; unqualified, is indefinite); Tuberculosis of lungs, mon-(secondary .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.) or intercurrent) affection need for which surgical operation was under-(Recommendations on state-Example: Measles "Anaemia" Struck by railway Always qualify all "Coma," Mcastes; terminal (second-(discase (merely not be "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TREAT

| | 1) | PHYSI- |
|-----------------------------|--|--|
| NG . | ENT KECORD | be stated EXACTLY, be properly classified |
| BINDI | PERM | should it it may |
| FOR | IS A | ACE to tha |
| MARGIN RESERVED FOR BINDING | E PL NLI, WITH UNFADING INK-THIS IS A PERMITENT RECORD | of information should be carefully supplied. ACE should be stated SXACTLY, PHYSI- out detate CAUSE OF DEATH in plain terms so that it may be properly classified. Exact of OCCUPATION is very important. See Instructions on body of County. |
| | a E | 000 |

| | PLACE OF DEATH County Frederich | STATE OF MARYLAND CERTIFICATE OF DEATH | | |
|-------------|--|--|--|--|
| uncare. | Village or City New Market (No | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.) | | |
| Certi | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| раск от | Temale White (Write the word) | April 16th, 192-31 (Month) (Day) (Year) | | |
| ctions on | 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (If LESS than | March 13th, 19231 to April 13th 1923 that I last saw h er alive on April 13th 1923 | | |
| e instructi | B OCCUPATION (a) Trade, profession or | The CAUSE OF DEATH * was as follows: Cerebral hemorrhage | | |
| Politalii. | priticular kind of work Touse work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) | (Duration) yrs. 1 mes. 4 ds. Contributor; Secondary | | |
| | 10 NAME OF FATHER William Roderich | (Signed). (Diretion) Jyre mos de. (April 16 192-3 Address) Frederick. Md. | | |
| | (State or country) Maryland, 12 MAIDEN NAME Claric Leval | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | | |
| | 13 BIRTHPLACE OF MOTHER (State or company) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | ients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, | | |
| | (Informant) Mr Lervy Remsfurg (Son) | if not at place of death? Former or usual residence | | |
| | (Address) New Market Md. 5 Filed april 17 1981 Lucian & Falconer | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS | | |
| - | If more banks are needed, address State Registrar, | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease Example: Measles (disease etc. Always qualify all The contributory

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| | | | / 41625 |
|------------|---|--|---|
| 0 | act : | PLACE OF DEATH | STATE OF MARYLAND |
| 81) | EX | continues | CEPTIFICATE OF DEATH |
| | ā | within the | 10/1- |
| | 7, € | 7. 1 . 1 | Registration Dist. No. / 2/- |
| | CTI | Village or City & red ruck (No. 6 | ily Hospitast .: Ward) a hospital or institu |
| G | KAK | 2FULL NAME Harry morris | tion, give its NAME is |
| 1 | i i i | 2FULL NAME 17 orig | number.) |
| . Q | ope | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| · Z | STO | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAVULO | 16 DATE OF DEATH |
| No. | O S S S S S S S S S S S S S S S S S S S | MALO NIMITAL OR DIVORCED | 1923 I |
| O × | uld nay ba | (Write the word) | (Month) (Day) (Year) |
| Z A | t no | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| m • | E E E | (CCC · 10), 1893 | 1 1 19 21 |
| A C | th tio | (Month) (Day) (Year) | that I last saw h malive on 1921. |
| H O | 800 | 7 AGE If LESS than I day hrs. | and that death occurred on the date stated above, at |
| DI | lie nst | 36 yrs. 6 mos. ds. or min.? | Froctive of base of skeen |
| N - | teri | 6 OCCUPATION | Found unconsique along |
| RH -X | Sin | (a) Trade, profession or Manager | rail road track Till from |
| 50 | pia nt. | (b) General nature of industry business, or establishment in M | |
| 8 5 | a = E | Which employed or (employer) Murkhy Marl | Viain- War granding X vis 1 mos de |
| Z | Po | 9 BIRTHPLACE | Contributory Secondary |
| O A | EA | (State or country) | (Duration) / Y yrs. Y mos. ds. |
| AR | Day of | TO NAME OF FATHER ALL PILL | (Signed) M. M. D. Smith M. D. |
| Σ | Not S | 11 BIRTHPLACE | afril 19 1931 (Address) Firederick Ind |
| E | SE | of Father | |
| 3 | O So | | V *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, |
| | ATC | of MOTHER MANAGER S | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| Z | nform state | 13 BIRTHPLACE | ients or Recent Residents) |
| • | inf | OF MOTHER (State or country) | At place of deathyrsmos. 2ds. In the Stateyrsmosds |
| Б | 10 P | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| I | EEE | Mar 11 m Right | Former or Mr. Kleskait Ra |
| K | ne me | (Informant) WWW. Harry W. Juck, | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 3 | ton | (Address) Ma, Scerebyt Ra | Ma Receipe & Ra River 122 3 |
| ri | Clar | | 20 UNDERTAKER A ADDRESS |
| o Z | 1 | 15 Filed 19 Melle 198/ oral mellevely | m R Ett I I Deda De da la Maria |
| n - | -: | Registra | 16 W. Saratora St., Balton, Requesting V. S. No. 1. |
| > / | 2 | If more blanks are needed, address tate Registrar | , 15 W. Saratoga St., Balto., Kequesting V. S./No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; is sary to know whatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on Locomolive engineer, (6) The ques-Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Brouchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcustes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcona, etc., of Never report mere symptoms or terminal condiby Committee on "Congenital," "Senile," etc.), "Drcpsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory affection need Nomenclature of the discase. not be

If this certificate is looked over those in an questions answered in detail, it will prevene turk a certespondence. All the data is essential and must be comined before the artificate is permanently filed.

Bank Solid

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. should (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? statement SICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) barried (Month) (Dev) ssified. BINDING 5a. If married, widowed, or divorced HUSBAND of HEREBY C That I attended deceased from (er) WIFE of death is said 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than Days 7. AGE Years Months 1 dayhrs. CAUSE OF DEATH and related causes of importancemin. Oate of onset 8. Trade, profession, or particular NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED 9. Industry or business in which may Should work wes done, es SILK MILL SAW MILL, BANK, etc..... 11. Total time (years) Date deceesed lest worked at this occupation (month end spent in this that occupation _ year) _____ instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 330 See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? should be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_ _ Dete of injury.... OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Nature of injury LION 24. Wes disease or injury in env 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanes are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

FOR

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 5 4 . | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|



(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

at I attended the deceased from

Death, or, in deaths from of Injury and (2) Whether

Hospitals, Institutions, Trans-

DATE OF BURIAL

BINDIN

MARGIN RESERVED

| | | 040~ " |
|------|---|---|
| | PLACE OF DEATH | STATE OF MARYLAND |
| (| County Frederick | CERTIFICATE OF DEATH |
| | | Registration Dist. No. /2/= |
| | 21 4 | 1 A |
| Vill | lage or City Montance 10 | Star Ward) a (If death occurry a hospital or in |
| | Vacance 1 D. D. H | tion, give its NAI stead of street |
| | 2FULL NAME & Schilling Na | number.) |
| _ | | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 5 | A MARRIED | 16 DATE OF DEATH |
| ñ | vale white WIDOWED, OR DIVORCED | april 3 , 193 |
| - | (Write the word) | (Month) (Day) (Ye |
| 5 0 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased |
| | Sept. 25- 1880 | Dec. 9 1930 to april 3 ,1 |
| | (Month) (Day) (Year) | that I last saw home alive on april 3 , I |
| 7 A | Ilf LESS than | and that death occurred on the date stated above, at |
| | I day hrs. | The CAUSE OF DEATH * was as follows: |
| | 5/ yrs. 6 mos. // ds. or min.? | |
| 8 0 | CCUPATION | Went Blue |
| (2 | a) Trade, profession or articular kind of work | |
| | o) General nature of industry | |
| /bi | usiness, or establishment in | (Duration) yrs, mos, |
| W | rhich employed or (employer) | Contributory Metrol lescon |
| 9 8 | (State or country) | Secondary |
| | Marifland | (Duration) yrs. 6 mos |
| | 10 NAME OF A PO'DO | (Signed) Dorhomas |
| | Tour schilling | april 1923 (Address) Indering Ind |
| S | OF FATHER | |
| Z | (State or country) Marilland | *State the Disease Causing Death, or, in deaths I Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal. |
| E E | 12 MAIDEN NAME | |
| A | OF MOTHER Sarah Butter | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) |
| | 13 BIRTHPLACE | In the let |
| | OF MOTHER (State or Country) Marillous | Or account to the contract of |
| | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| 4 | THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE | Former or Zul h C MACK. P. |
| | (Informant) James a Jones | usual residence Theurick D. Marya |
| | The Man of | ORLACOORLUBIA OF ENOVAL DATE OF BUR |
| | (Address) Frederick Md. | Not Olivet boses Afer 8. |
| 15 | | 20 UNDERTAKER ADDRESS |
| 13 | Filed 7 april 1931 tran mekundy | on some |
| | Registrar | Juomas J. Jules Ogrania |
| | If more branks are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH; Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a laborer, Farm laborer, Laborer—coat men at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, duties of the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicocomia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular Always qualify all "Haemorrhage, heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is germanently filed

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County tredereck | CERTIFICATE OF DEATH |
| Village or City State Sannatorum | Registration Dist. No. |
| 2FULL NAME Carllon | R. Shank stead of stract and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Q 14, 1923 [(Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw h Malive on Cycle 14, 1923 |
| 7 AGE If LESS than | and that death occurred on the data stated above, at 2.45 1 m. |
| 42 9 2 I dayhrs. | The CAUSE OF DEATH * was as follows: |
| yrs. mos. ds. or min.? | R language MAD |
| la Trade, profession or | O www.way I worder DOS |
| particular kind of work 2000 (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Durstion)yrsmosds. |
| | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary + (Durstion) / yrs. / mos. ds. |
| 10 NAME OF | (Signed) Steward & Shaffer M. D. |
| FATHER Charles W. Shank | anil 149231 (Address) State Sanatorum my |
| OF FATHER (State or country) Mary and | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother anna Madrach | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Racant Residents) At place of deathyrs |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, MRMWW |
| (Informant) W.a. y ardner | Former or 44/ M. Mulberry M. Hagers lown |
| (Address) State Sanafram Md. | Hagestown Md. manning |
| Filed 7 192 Registrar | andy Kauffman Hagerstown |
| If mora bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborertired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation who are engaged in the duties of the (b) Automobile factory. The material Stationary fireman, etc. But in many -Coal mine, etc. Wom-Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); pryphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

BUREAU

tetanus) may be stated under the head of "contributory." approved by as fracture of skull, and consequences (e. g., separa carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-Whooping use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease " "Marasmus," "Old Age," "Shock," cough; Committee on Chronic etc. valvular heart disease; Nomenclature of the The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

STATE OF MADVI AND CEPTIFICATE OF DEATH

04699

| 1. PLACE OF DEATH | | MAR | ILAND | | 010-0 | |
|---|--------------------|----------------------------------|-------------------------------------|---|--------------------------------|--|
| CountyFrederi | ck | | | Registration Dist. No. | 13/= | |
| Village or City Near | Frederi | ath occurred1 | (lf | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth? yrs. mos. ds | | |
| 2. FULL NAME Che (a) Residence: No. | 147 W | shington Saint (Usualplace | | St., Ward. If nonresident give city of | or town and State . | |
| PERSONAL AND | STATISTIC | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF D | EATH | |
| 3. SEX 4. COLOR C | 9 | | RIED, WIDOWED, | 21. DATE OF DEATH April 25th (Month) | 193 1 (Year) | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | . //. | nown |) | 22. I HEREBY CERTIFY, That | I-attended deceased from | |
| 6. DATE OF BIRTH (month, day, ar | nd year) Sep | t. 16, | 1867 | Hastsawhim DEMeDn April 26, | , 19 31 ; death is said | |
| 7. AGE Years 63 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min. | to have occurred on the date stated above, at?m. The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows: STRANGULATION | ortance Date of onset | |
| 8. Trade, profession, or partic kind of work done, as SAWYER, BDDKKEEPEF 9. Industry or business in will work was done, as SILL SAW MILL, BANK, etc. (1D. Date deceased last worked this occupation (month year) | SPINNER, R, etc | sper | ime (years) nt in this pation | (SUICIDE by HANGING) Other Contributory Causes of importance: | | |
| 12. BIRTHPLACE (city or town) (State or country) | Marylan | ıd | | Other Contributory Causes of Importance. | | |
| 置 13. NAME John S | hern. | | | 9 | | |
| 13. NAME John S. 14. BIRTHPLACE (city or town (State or country) | Maryl | and | | Name of operation NONE Date of What test confirmed diagnosis? NONE Was there an autopsy? | | |
| 15. MAIDEN NAME Caro | line Was | hington. | | 23. If death was due to external causes (VIOLENCE) fili in also | | |
| 15. MAIDEN NAME Caro | Marylan | nd | | Accident, suicide, or homicide? SUICIDE Date of injury 4 /25 , 19 3 | | |
| C. W. Shern, Jr. 17. INFORMANT Frederick, Md. | | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 18. BURIAL, CREMATION, OR REM | OVAL | | | Manner of injury | | |
| Place Hyattstow | | | 1 29, 19 31 | Nature of injury | | |
| M. R. E 19. UNDERTAKER Frederi (Address) | tchison ck, Ad. | & Son. | 0 0 | 24. Was disease or injury in any way related to possession of d | eceased | |
| 20. FILED 21 april, 1931. fra McCurdy | | | clindy | | cting Coroner | |

If more flinks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) Frederick, Md.

B.-WRITE PLAI

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

AGE should be

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or basiness in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1931 | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage bustau | July 5,1927 | Peritonitis | 3 days ago |
| L. Andrews Address | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | • | |
| | | 4 | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Body found April 26, 1931 & hanging on rope fastened to limb of tree in field owned
by Let's Orphans Home, is mile S. of Frederick on Georgetown Pike. Left home on
night of April 25, 1931 had not been seen until found dead.

V. S. No. 1

| | PLACE OF DEATH | (¥63U | STATE OF | MARYLAND |
|---|---|---------------------------|---|--|
| | County TARRES | (130) | CERTIFICAT | E OF DEATH |
| | | | Registration | Dist. No. 14 |
| | Village or City UMWWW (No. | | St.: War | 1) (If death occurred in |
| | | .1 1 | Stivv ar | a hospital or institu- tion, give its NAME is - |
| | 2FULL NAME Affend el Atun | ariace | ****************************** | stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICA | AL CERTIFICATE | OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH | ALI 12 | 2 |
| | Male White OR DIVORCED (Write the world) | abril | (Month) | 3 (Day) 47 (Year) |
| | 6 DATE OF BIRTH | 17 I HEREBY | | ttended the deceased from |
| | (Month) (Day) (Year) | Jan | 198 . to | ny 20 190 1 |
| | (Month) (Day) (Year) 7 AGE [If LESS than | that I last saw h | alive on A. | 192.5, |
| | l day | | | ed above, at |
| | yrs. 7 mos. ds. or min.? | | A | |
| 女 | occupation (a) Trade, profession or | 1 1 | V. 15 - | |
| | particular kind of work | 1000 | repru | |
| | (b) General nature of industry business, or establishment in | | | |
| | which employed or (employer) | (10) | IN ("VV") | yrsmosds. |
| | 9 BIRTHPLACE (State or country) | Contributory Secondary | ac my | caracter |
| | renay Hook wash = mo | | Alera Dusulon A. | mos Adds. |
| | 10 NAME OF PATHER DE SALES | (Signed) | MAX OHIV | M. D. |
| | 0 11 BIRTHPLACE | 4/24/ 1981 | (Address) | White I me |
| | | State the Dis | sease Causing Death | , or, in deaths from |
| | (State or country) sudy Host Wash I | Accidental, Suicidal o | r Homicidal. | njury and (2) Whether |
| | of MOTHER able allow | 18 LENGTH OF RES | | itals, Institutions, Trans- |
| 1 | 13 BIRTHPLACE OF MOTHER | At place | In th | |
| | (State or Country) The State of Country) | of death | | ateds. |
| 1 | 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death |) | |
| | (Informant) N & Shunkunder | Former or usual residence | 080 1 080 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| | (miormant) | 19 PLACE OF BURIAL | OR REMOVAL | DATE OF BURIAL |
| | (Address) Museum week had | Browns V. | elle wast | UPNU26 1931 |
| | Filed QM, 25 198/ Mm. H & Kelass | 20 UNDERTAKER | | ADDRESS |
| | Registrar | 12 24 | Jailey | 130 1100 11 N |
| | If more bianks are needed, address State Registrar | , 16 W. Saratoga St., B | alto., Requesting V. | S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But iu many (b) Automobile factory. The material 6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to lime and causation), using always the same accepted term for the same disease. Examples: Cerebrospatal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertament as the diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia,": "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be 6.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. 3 No. 1

| STATE OF MARYLAN | D—CERTIFICATE OF DEATH 04631 |
|---|---|
| 1. PLACE OF DEATH | (131) |
| County Treserick | Registration Dist. No. 134 |
| Village or Gity. Tet St. Viennes | |
| Length of residence in city or town where death occurred 33 yrs. | (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| 2 FULL NAME Way & St | Q |
| (a) Residence; No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULAR | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO Leurale white or Divorced (write, the | (ord) (level 29 103) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WHFE of achieve Shorb— | 22. Of HEREBY CERTIFY, That I attended deceased from the state of the |
| 6. DATE OF BIRTH (month, day, and year) bel. 23 - 18 | 97 Hast sawher elive on afer 39 193 ; death is se |
| 7. AGE Years Months Days If LES | |
| 33 6 6 1 day, or | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Jourse wife SAWYER, BOOKKEEPER, etc. | Chome myocortiles |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which | 36/10 |
| work was done, es SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked et this occupation (month and spant in this | |
| year) occupation | Other Contributory Capees of importance: |
| (State or country) | of the tite on lite 3 |
| | Charles Alect Court (Tappetons) |
| 710 7. + 07 7110 | O Name of a parties |
| (State or country) | Name of operation Date of Date of Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Clara wetgel | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) was rut st Dra | Accident, suicide, or homicide? Date of injury |
| (State or country) Wanford | Where did injury occur? |
| 17. INFORMANT achert Shab (Address) Encentaling we | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Lit St Wang Date Tracy 2 | Manner of Injury |
| 19. UNDERTAKER U. J. Sharpe & C. (Address) English tall the | 24. Was disease or Injury In any way related to occupation of deceesed? |
| 20. FILED May 1 St. , 19 31 M. F. Shuff | (Signed) Brooke . Lagrison M. (Address) Emmitsburg Ms. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I E I VE | | Example II | | |
|---|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: Y 4 1931 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago | |
| Chronic interstitial nephrais BUREAU V S. | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis * | 3 days ago | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gostroenteritis | 1 year | |
| | | 3 | | |

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | | Example II | | |
|---|--|---------------|--|---------------|--|
| The principal cause of importance were as | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1931 V | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephr | ritis | 1921 | Run over by street ear | 1 week ago | |
| Cerebral hemorrhage | ENTERN V. D. R | July 5, 1927 | Peritonitis | 3 days ago | |
| La Company | and the state of t | | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS | BY | Y PHYSICIAN |
|---|----|-------------|
|---|----|-------------|

PHYSI-

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Fudence | CERTIFICATE OF DEATH |
| and the same of th | Registration Dist. No. / 7 / |
| Village or City Musumond (No. | St.: Ward) (If death occurred in a hospital cr institution, give its NAME instend of stract and |
| 2FULL NAME Lucultur Six | stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Remale While (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from |
| B DATE OF BIRTH Mich 16, 1832 | that I last saw her alive on a m. 1 1921. |
| (Month) (Day) (Year) | and that death occured on the date stated above, at 4 D.1 m. |
| 7 AGE If LESS than I day hrs. | The CAUSE OF DEATH * was as follows: |
| 99 yrs. 0 mos. 16 ds or min.? | Ď Ą |
| (a) Trade, profession or | La mippe- |
| particular kind of work Court d | |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos. de. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Duretion) yrs |
| 10 NAME OF Jon't Know Stalen | (Signed) M. D. |
| OF FATHER Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| of MOTHER Water GODERS | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place of deeth yrs mos ds. |
| (State or country) | Where was discese contracted, if not at place of death? |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or |
| (Informant) Mrs. Frank Fogle | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Phillips 11 12 mg | Thurmonh mad afar 5. 1931 |
| Filed April 7 192 / Many M - Longe Registras | Willhide & Creeger Thurmonh |
| If more blanks are needed, addross State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

04633

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very im ortant, to that the relative health the first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As e-amples: a additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwhatever, write Nonc. Housemuid, etc. If the occupation has been changed et., we laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (6) mill; (a) Salesman. (b) Grocery; Automobile factory. The material Laborer-Coul mine, etc. Wom-Locomolive duties of the engincer, iron

Statement of Cause of Death—Name, first, the Dissease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of iclania) may be stated under the head of "contributory." " Inanition," " Marasmus, VIV. ABU,
" Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury accident; Revolver wound of head-homicide; Poisoned Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases can be ascertained as the cause. cause for which surgical operation was under-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic affection need not be etc. valvular heart discase; Nomenclature Always qualify all The contributory Mcasles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I he data is event all and must be obtained before the certificate is permanently filed.

| 10 | .0 | 6 | þ | 13 | 1 |
|----|----|----|---|----|----|
| 13 | 4 | ř. | 1 | 3 | å. |
| 11 | I | | 1 | 1 | L |

| 1. PLACE | OF DEATH | | | (46) | | |
|---|---|---|---------------------------------------|--|-----------------------------|-------------------|
| County | County Frederick | | | Registra | ation Dist. No. | 30 |
| Village or | | | | No. death occurred in a hospital or institution, give its N ds How fong in U.S. If of foreign hirt | | and number) |
| | AME Mrs Clara | | | | | |
| | ence: No. | (Usual place | | St., Ward. | sident give city or town | and State |
| PERSO | NAL AND STATIST | ICAL PART | ICULARS | MEDICAL CERTIFIC | ATE OF DEAT | Н |
| s. sex Female | 4. COLOR OR RACE White | 5. SINGLE, MAR OR DIVORCE Married | RRIED, WIDOWEO, | 21. DATE OF DEATH April | 19 (Day) | , 193] (Year) |
| ia. If married, wid HUSBANO of (or) WIFE of | | h | | 22. HEREBY CERT | . april 1 | 9 ,19,31 |
| | H (month, day, end year) Merchs | 24 18 Days 25 | If LESS than 1 day, hrs. ormin. | to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and relate were as follows: | 11 A.m. | 31 : death is sai |
| 9. Industry o work w SAWN 10. Oate dece this oc | ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc. T business in which was done, as SILK MILL, AILL, BANK, etc. assed last worked at cupation (month and | 11. Total | timo (years) nt in this upation | Carcinoma o | y amer | |
| | (city or town) Md | | | Other Contributory Causes of importance: | anemia | |
| 13. NAME | Jacob Hel | ller | | | | ***** |
| | CE (city or town) Md or country) | • | | Name of operation What tost confirmed diagnosis? | | |
| 15. MAIDEN | NAME Susan B | ussard | | 23. If death was due to external causes (VIOL EN | ICE) fill in afso the follo | owing: |
| | CE (city or town) Md. or country) | • | | Accident, suicide, or homicide? | city or town, county and | |
| 17. INFORMANT(Address) | Adamstown, | | | Specify whether injury occurred in INDUSTRY | | |
| | olivet, Fred | lk.oate Apr | 11 21 ,19 31 | Manner of injury | | |
| 19. UNOERTAKER (Address) | M. R. Etchiso | n & Son F | rederick, l | 24. Was disease or injury in any way related to | occupation of deceased | no |
| 20. FILED. GA | ~ M 1931 J. | Chyle ? | Registrar. | (Signed) Samuel (Address) Adams | Giorn to | md. |

-WRITE PLAINLY, WITH UNFAD mation should be carefully supplied. V. S. No. 1

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| E | xample I | | Example II | |
|--------------------------------|--|---------------|--|---------------|
| The principal cause of Hes | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of caset |
| Arteriosclerosis | - 1931 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | MAY 2 | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | V Tr v | July 5, 1927 | Peritonitis | 3 days ago |
| | BULLAU V. | و ا | 1 | |
| | The state of the s | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SH | PACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|----------|---------|------------|----|-----------|
|---------------|----------|---------|------------|----|-----------|

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer-Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. rner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, 9 material Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (aveid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> (Recommendations on statement of cause of st_ted unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease "(E.:haustion," "Heart lauure, "Shook," "Shook," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; i cupation is very important, so that the relative healthwhatever, write Nonc. business. that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken work, or At Home, definite salary, may be entered as Housewife, House er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But iu many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day and children, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> American Medical Association.) (Recommendations on statement of cause of death Letanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway traincarbolic acid-probably swicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis, "Enaustion," "Heart langue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstilial nephritis, cough; or intercurrent) affection need "Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "IIaemorrhage," Chronic valvular heart disease, and consequences (e.g., sepsis, Example: Mcasles (disease etc. The Nomenclature of the contributory Measles; not be

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4

| nfor- state JPA. | | MARYLAND- | CERTIFICATE OF DEATH | 14637 | |
|---|---|--|--|-------------------------|--|
| should of OCCU | Village or City_Frederick | The state of the s | No. / D. A. H. Registration Dist. No. | St., War | |
| ECORD. Every PHYSICIANS tact statement | 2. FULL NAME Austin Merhle (a) Residence: No. 107 E. Fourt | Stone. | St., Ward. If nonresident give city of states and states are states as the states are states are states as the states are states are states as the states are states as the states are states are states as the states are states as the states are states as the states are states are states are states as the states are states as the states are state | | |
| CC FEE | PERSONAL AND STATISTICAL | PARTICULARS | MEDICAL CERTIFICATE OF D | EATH | |
| T RE | OR: | GLE, MARRIED, WIDOWED, DIVORCED (rurite the word) Tried | 21. DATE OF DEATH | (3 13 (Year) | |
| RMANENT X A C T L classified. | 5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Lillian E. | | 22. I HEREBY CERTIFY, That | I attended deceased tro | |
| E3 E3 61 | 6. DATE OF BIRTH (month, day, and year) | 0 3004 | I last saw h alive on /3 t | . 193/ ; death is sa | |
| IS A PEI stated E properly ertificate. | 7. AGE Sers 6 Months 5 | 8, 1894. Oays If LESS than 1 day, hrs. | to have occurred on the date stated above, at 12.45A m The RRINCIPAL CAUSE OF DEATH and estated page acuses of impo | rtaite | |
| HIS IS be state be proposed of cer | 8. Trade, prolession, or particular kind of work done, as SPtNNER, Labor SAWYER, BOOKKEEPER, etc. | er | Syllarly of Jump | | |
| vK—Theshould it may n back | 9. tndustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | | ald final con | | |
| Em to | 10. Oato deceased last worked et this occupation (month and year) | 11. Total time (years) spent in this occupation | Other Contributory Causes of importance: | 3 | |
| DIT So so reti | 12. BIRTHPLACE (city or town) Maryland (State or country) | | Omn Bure | Very | |
| UNFA upplied terms, instr | " 13. NAME Geo. W. Stone. | | | | |
| sul sul in the See | 13. NAME Geo. W. Stone. 14. BIRTHPLACE (city or town) Maryland (State or country) | 7 | Name of operation Wat test confirmed diagnosis? Wa | Oete of | |
| WITH fully n plain nt. S | 15. MAIOEN NAME Sarah A. Krebbs | | 23. If deeth was due to extornal causes (VIOLENCE) fill in also t | | |
| H i | 16. BIRTHPLACE (city or town) (State or country) | nd | Accident, suicide, or homicide? | | |
| IN be | Mrs. Austin M. Stor | AO . | | | |
| H & S. V. | 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Clivet, Fred., Date. | April 15,19 8 | Manner of injury | | |
| -WRITE mation S CAUSE. TION IS | M. R. Etchison & 19. UNOERTAKER Frederick, Md. | Son. | 24. Was disease or injury in any way related to occupation of de | eceased? NO | |
| B. | 20. FILEO 14 - afue, 19 81 800 | neculy Registra. | (Signed) A Heya | A | |
| T) | 76 11 1 | Kegatan. | Tourne | | |

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BURDAU V S. | July 5,1927 | Peritonitis | 3 days ago |
| U | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| The state of the s | | | |

| ECORD d EXACTLY, PHYSI- priy classified. Exact tificate. | PLACE OF DEATH County Frederick Village or City Prederick P(No. Frederick) 2FULL NAME Merch Statter | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Registration Dist. No. 2 (If death occurred is a hospital or institution, give its NAME is stead of street an number.) |
|---|---|--|
| BINDING PERM. ENT E chould be state at it may be prope | PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 1916 | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) 2 (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the company of |
| ESERVED FOR INKTHIS IS A plain terms so the nt. See instruction | (Month) (Day) (Year) 7 AGE If LESS than I day hrs. I day hrs. | The CAUSE OF DEATH * was as follows: |
| MARGIN R WITH UNFADING on should be caref NUSE OF DEATH IN ON IS very importa | thich employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) M. Stottlenge OF FATHER (State or country) | (Signed) |
| TE PLONLY m of informat hould state of | 12 MAIDEN NAME OF MOTHER TOSSICE. Macy 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death? Former or |
| WRIT N. BEvery Ite CIANS SI | (Address) Se Joe Manual Registrar If more branks are paeded, address State Registrar | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ALL, 27, 195/ 20 UNDERTAKER ADDRESS ADDRESS ALL ALL ADDRESS AND ALL ADDRESS AND ALL AND ALL |

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whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid. etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect. Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs . without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery,

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BINDING

FOR

RESERVED

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Corebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| -b | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | • | | |
| | | | |

| | 04640 |
|---|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Tre derich | CERTIFICATE OF DEATH |
| | Registration Dist, No./&/= |
| Villege or City. Montevue prospetal | St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jenal White (Write the word) | 16 DATE OF DEATH , 192. Opril (Month) 3 (Day) /93/ (Year) |
| 6 DATE OF BIRTH | March 9 1931 to april 3 1931 |
| (Month) (Day) (Year) | that I last saw h lr slive on April 3 19.1 |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 6 |
| l dayhrs. | The CAUSE OF DEATH * was as follows: |
| 64 yrs. 0 mos. 9 ds. or min.) | |
| (a) Trade, profession or | Oarelyen) |
| particular kind of work (b) General nature of industry business, or establishment in | (Duration) gran mee. / du, |
| which employed or (employer) | Contributory atters - Sclerosio |
| 9 BIRTHPLACE (State or country) Waryland | Secondary (Duration) yre 57 moe de, |
| 10 NAME OF Unlessour Early | (Signed) BOThomas M. D. |
| 11 BIRTHPLACE | Africa 3 1922 (Address) And |
| C (State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER RULE OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of deathyrsmos. 2.0.ds. In the State 64, yrs. 0 wws. 9 .ds. |
| (State or Country) | Where was disease contracted, Unlawrum |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or 4 1 1 201 P 4 10 xc 2 |
| (Informant) James, U. Jones Sugal. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) An onterne Hosph Fred K. M. | Oak Hill bern. Floodstore Afro 6. 131_ |
| - 101 1 1 1 1 6 00 1 | 20 UNDERTAKER ADDRESS |
| Filed 6 auf 1021 day meeting | Thomas J. Tice Frederick |

Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of (name origin; "Cancer" is less definite; avoid as; fracture of skull, and consequences (e.g., sepsis, letanum) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, approved carbolic ocid-probably smaide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railroy train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, "Tumor" Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; "Marasmus," "Old Age," "Shock," Committee on for malignant neoplasms); (hronic etc. The contributory rabular heart Nomenclature Always qualify all Mcosles; discose;

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PLACE OF DEATH Within the Corsorale must STATE OF MARYLAND CERTIFICATE OF DEATH classified Registration Dist. No. tel St. (If death occurred in Ward) certificate. a hospital or institution, give Its NAME in stead of street and proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, 99 pe may be WIDOWEDONICE OR DIVORCED pino Write the word) (Month)(Day) iti 17 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from instructions that (Day) (Month) (Year) 7 AGE If LESS than 80 and that death occurred on the date stated above, at, I day hrs. The CAUSE OF DEATH * was as follows: supplied 0) or min.? term 6 OCCUPATION (a) Trade, profession or particular kind of work carefully pla (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 00 E W OO 10 NAME OF 3 1 0 5 /192 (Address) / CZ 0) 11 BIRTHPLACE O LU OF FATHER 502 FZU the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) D. 4 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, 7) 90 ients or Recent Residents) for State 13 BIRTHPLACE OF MOTHER of death .. (State or Country) 00 Where was disesse contracted, hould if not at place of dea h?... 14 THE ABOVE IS TRUE TO THE BES Every item CIANS sho statement Former or usual residence. DATE OF BURIAL ADDRESS 20 UNDERTAKER If more b.anks are needed, addre. s tate Negistrar, 16 W. Saratoga St., Bulto., Lyquesting V. S. No. 1.

deaths from

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeauou as ruy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesman, (b) Automobile factory. The material For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

"E.haustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite tan be accortained. tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

| | 1PLACE OF DEATH |
|------|---|
| | County Trederick |
| Vil | lage or Gity Egles Valley (No |
| _ | 2FULL NAME Edward Clee |
| | PERSONAL AND STATISTICAL PARTICULARS |
| | LEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) |
| 6 0 | DATE OF BIRTH |
| | (Month) (Day) (Year) |
| 7 4 | If LESS than l day hrs. 20 ds. or min.? |
| p (1 | ACCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) |
| 9 E | (State or country) wayfond |
| ENTS | 10 NAME OF FATHER Joseph Wetel 11 BIRTHPLACE OF FATHER (State or country) waylond |
| PARE | OF MOTHER Que Eliza Hooken |
| | 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE |
| | (Address) Emuitabing rud |
| 15 | File Chiel 10 1931 M. F. Shall |

If more bianks are needed, address thate Registrat

| 046 | STATE | OF M | ARYLA | ND |
|-----|----------|------|-------|-----|
| 120 | CERTIFIC | ATE | OF DE | ATH |

Registration Dist. No. 134

| . Wetzel | St.: | (Vary) | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
|---|---|--|---|
| MEDICAL | L CERTIFIC | CATE O | FDEATH |
| 16 DATE OF DEATH | April | 2 (| 8 5. 1924. |
| 17 O I HEREBY | ERTIEY, Th | th) | (Day). (Year) |
| that I last saw h/m | ally on | af | 8 2 1922 |
| and that death occurre | | | those, at 10 MM, |
| Cerchi | re Le | un | enberg |
| | | magagain Mytha | and an der der der e ee e e e e e e e e e e e |
| Contributory Ox Secondary | teno- | Sil | yre le mes de |
| (Signed) 1000he | (Address) | nnit | sting "". |
| *State the Dise Violent Causes, state Accidental, Suicidal or | ease Causing e (1) Means Homicidal. | Death, of Inju | or, in deaths from ary and (2) Whether |
| 18 LENGTH OF RESI | | | ia, Institutiona, Trans |
| At place of deathyrsmos | ds. | In the State | yr4mosds |
| Where was disease contractif not at place of death? | cted, | | |
| Former or usual residence | | 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| 19 PLACE OF BURIAL | OR REMOVA | 1 | DATE OF BURIAL |
| Friendol | reck | ud | april 11, 19 31 |
| 20 UNDERTAKER | | | ADDRESS |
| ru-J. S | Lugg | b | founds my rea |
| 16 W. Saratora St., Br | Ito. Retures | ing V. S. | No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated this; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servout, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphilheria avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) ARecommendations on statement of cause of telonies) may be stated under the head of "contributory." corbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (morely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasins); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. (secondary Whooping Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarconu, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) cough; Chronic vulvulor Example: Meusles (disease affection need ctc. The contributory Nomenclature of the Always qualify all heart discose; Poisoned by not be

If this certificate is looked over thoroughly and a I questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is repermanently filed

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDIN ¥ FOR UNFADING INK--THIS MARGIN RESERVED

No vi

| | PLACE | OF DEAT | н | | | |
|------|---|--------------------------------------|----------------|--------|--------------------------------------|-------------------------|
| | County 3 | eden | ele | ***** | | |
| Vil | lage or City_ | | | | بودي | outal |
| | ² FULI | L NAME | Way | isy | Wi | lliai |
| | PERSON | AL AND S | TATIST | ICAL P | ARTICU | LARS |
| | emale | 4 COLOR O | Λ | OR D | NED, WED, IVORCED the word) | ugle |
| 6 [| DATE OF BIRT | н | 7 700 | | | |
| | | | Jel (Month) |) | (Day) | , 1885 (Year) |
| 7 4 | GE | 4 6 yrs. | 2 | mos | / D ds. | If LESS tha I day hr |
| (1) | a) Trade, prof articular kind b) General nat usiness, or est thich employed | of work ure of indu ablishment | in | LS. |)inne | sti |
| 9 E | STATE OF COUN | try) W | an | lau | _0_ | |
| | 10 NAME OF FATHER | Onl | Men | المادة | · ain | |
| ENTS | OF FATHER (State or o | country) | man | la | d | |
| PAR | 12 MAIDEN N | / .3 | whine | 00 | orse | |
| | OF MOTHE (State or C | R | Naru | lau | d | 9 |
| 14 | (Informant) | Jan | res. | 2.0 | KNOWLI | Supl. |
| 15 | (Address | 1 | -10 | / / | nel | Tred K. M. |

| 304643 | STATE | OF N | MARY | LAND |
|--------|----------|------|------|-------|
| 6) | CERTIFIC | CATE | OF | DEATH |

Registration Dist. No.

| NAME Daisy William | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
|--|--|
| L AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 193 |
| Jel 7 , 1885 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from March 2 193 to Opril 7 193 that I last saw hir alive on April 7 193 7 |
| If LESS than I day hrs. | and that death occurred on the date stated above, at 3.45 P, m. The CAUSE OF DEATH * was as follows: Like . Importante Uteri |
| ession or of work ure of industry blishment in or (employer) | Operation - april 17 (Duration) 2 yrs. mos. do. Contributory Port - operative Shore to |
| (x) Maryland John Williams | (Signed). Fruk Worthwolo M. D. april 17 1931 (Address) Prederick - lud |
| Caroline Dorsey | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) |
| untry) Maryard TRUE TO THE BEST OF MY KNOWLEDGE | At place of death |
| James. a. Jones Supl. Montene Hospital Tred & Vid | Former or usual residence Tred. K. Md. 130 W. Saut St. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Han View Terretary 20 after, 132/ |
| If more blanks are needed, address State Registrar | albertaker A Address Albertaker Albertaker And Address And Address |

(Approved by U. S. Census and American Public Health Association.)

er," etc., waren laborer, lahorer, Farm laborer, are state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cooks definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day of Occupation-Precise statement of oc-For persons 6 Automobile factory. The material Laborerwho have no occupation -Coal mine, etc. not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ". ('Inanition,'" "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic statement of cause of etc. The contributory valvular Always qualify all heart discase; not be

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No 00

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| PLACE OF DEATH County, Frederick | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 136 |
|--|--|
| Village or City Gamesville (No | St: Ward) (If death occurred in a hospitul or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH And 1921 (Month) (Day) (Year) |
| 6 DATE OF BIRTH April 1931 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 |
| 7 AGE If LESS than I day hrs. wrs. mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Which employed or (employer) 9 BIRTHPLACE (State or country) 12 BIRTHPLACE (State or country) Which employed or (employer) | (Durstion) yrs. mos. ds. Contributory Secondary (Durstion) yrs. mos. ds. (Signed) M. D *State the Pisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) (Address) (Address) Filed April 15 1931 Golfandh Mar Registrai | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL BILLS Chapple 20 UNDERTAKER ADDRESS ADDRESS |

(Approved by U. S. Census and American Fublic Health Association.)

or given up on account of the DISEASE CAUSING BEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more process of the laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "For man," "Nanager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material Salesman, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemia erebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing (secondary or intercurrent) affection need not be W'hooping Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.; Y death), 29 ds.; Bronchopncumonia (secondary), by Committee on Nomenclature cough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles ;

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